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May 13, 2016

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, Ohio 43218

RE: Healthy Ohio Program 1115 Demonstration Waiver Public Comment

United Way of Greater Cleveland is dedicated to improving the lives of those in our community by strategically investing in programs which create a healthy community where every child succeeds in school and households have an opportunity to achieve financial stability. Over the last few years, we have continued to sharpen our philanthropic focus on community impact strategies in the critical areas of education, income and health.

We strongly supported and applaud the expansion of Medicaid in Ohio, which has given over 600,000 new adults health care coverage throughout the state. Our 2-1-1 staff has been on the front lines of expansion by helping over 2,945 callers across the 22 counties with their Medicaid-related health care needs. As a result of Medicaid expansion, we've shifted our health funding strategies from direct support of physical and behavioral health programs to historically underfunded social determinants of health programmatic funding, including housing and food insecurity, interpersonal violence, medical transportation, case management, and workforce development programs.

While we support Ohio's ongoing efforts to expand access, lower costs and achieve better health outcomes, we strongly oppose the Healthy Ohio Medicaid 1115 waiver. HSAs have demonstrated their increased cost and decreased efficiency in Medicaid programs. As reported, Oregon's experience had a 77% drop in Medicaid enrollment after it instituted premiums for adults below the 100% poverty level. Cleveland residents living in poverty simply can't afford premiums or co-pays. According to the Cleveland Food Bank, 62% of clients who came to their food pantry said they regularly had to choose between paying rent or buying food. Many residents will simply be unable to afford any co-pays, and will choose to go without care until they have a crisis and end up in the Emergency Department. The complexity of the program will also serve as a barrier to access.

In addition, the elimination of retroactive reimbursement for services rendered by healthcare providers three months prior to the patient/client's application for Medicaid will be financial devastating for many of our valuable community partners, possibly leading to the elimination of jobs in this sector. We fear providers may withhold or delay vital services for clients, such as substance abuse and mental health services, until a client's Medicaid application is approved. With national suicide rates and opiate overdose deaths at an all-time high, limiting access to these services will have lethal consequences.

We think the Healthy Ohio Plan would be a step backwards and re-create barriers for Greater Cleveland's most vulnerable, low-income residents. It would create churn in the Medicaid population, significantly disrupt the continuity of care for patients, providers and delivery networks. It would require United Way to reverse our health funding away from much-needed programs that address the social determinants of health, and return to funding basic healthcare services that federal dollars from Medicaid should be funding instead. We also anticipate it would greatly increase our 2-1-1 call volume from confused, low-income residents who need and deserve health care, but can't afford it.

Sincerely,

Anne M. Feleppelle
Director, Public Policy and Government Affairs

SISTERS of CHARITY
HEALTH SYSTEM

May 13, 2016

Director John McCarthy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

Re: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director John McCarthy:

On behalf of the Sisters of Charity Health System (SCHS), I write to offer comment on the Ohio Department of Medicaid's (ODM) Healthy Ohio 1115 Demonstration Waiver (Healthy Ohio).

Medicaid provides vital access to health coverage for a one out of every four Ohioans with low incomes and few resources. SCHS and a broad coalition of health care, business and community leaders supported Governor John Kasich's actions to expand access to more Ohioans in effort to achieve better outcomes and lower costs. Most notably, SCHS has been incredibly invested in the extension of Medicaid to low-income working adults between 100% and 138% of the Federal Poverty Level (Group VIII). We have seen the evidence that the expansion of Medicaid benefits *is* making Ohio's families healthier and more secure. Ohio's economy is reaping the benefits. Our community's collective hard work to ensure access to health coverage is what makes Healthy Ohio highly concerning.

The proposed Health Ohio Demonstration Waiver would lead to tangible challenges, including:

Premium increases would reduce health access for vulnerable populations:
Healthy Ohio would unravel the extension of Medicaid benefits to low-income individuals in Group VIII by adding premium requirements. This low-income population would have a hard time meeting the financial obligations required in the current proposal. As drafted, Healthy Ohio would require a contribution of the lesser of 2 percent of annual income or $99 annually. We understand the intent of premiums is to create a more knowledgeable group of health insurance consumers by creating HSAs known as Buckeye Accounts. This intent is valid, but in practice, this financial burden will require low-income individuals to make difficult choices about spending on health care or on basic necessities such as food and housing.

Medical insurance has historically been the last payment to be made. Additionally, if a currently enrolled beneficiary does not pay their premium within 60 days, they would be locked out of the Medicaid program entirely. Any gap in coverage, especially a two-month gap, will be harmful to the population's health and well-being. Demonstrations in other states have shown that requiring premiums on health insurance serve as an unnecessary obstacle to health access. Cost-sharing mechanisms through monthly premiums would force the poorest in our communities to forgo needed medical care because of the inability to pay. We've seen what disruptions in care does to our patients – they delay or forego needed care while sick and dramatically limit access to preventive services.

Uncompensated care would rise, harming both business imperatives and health outcomes:
Individuals without health care plans will still use health care services. Unfortunately, many uninsured Ohioans will turn to hospital emergency departments to receive care in the least efficient and most expensive manner. Additionally, hospitals, particularly those hospitals that see the highest concentration of low-income patients will carry the burden of providing uncompensated care for a patient population that was previously covered.

Loss of coverage would critically impact many people:
The Healthy Ohio program would impact nearly 1.66 million Ohioans. Due to the complexities of the program and the diverse challenges faced by the individuals in the population group, these Ohioans could potentially lose their Medicaid benefits. ODM itself estimates that 126,000 Ohioans would lose coverage under Medicaid in the first year. While it is unclear whether that estimate is a conservative or accurate prediction, it would nonetheless disrupt the continuity of care for patients, service providers, and entire communities.

The policy provisions I mentioned lead to a number of questions that will require additional education to our patients and the communities we serve, including:

1. This plan will require significant administrative investment to establish a process to bill, collect, monitor and notify beneficiaries about Buckeye Account payments. What is the total amount and how will these costs be covered?
2. What is the methodology used to calculate the number of Medicaid beneficiaries who are estimated to drop their coverage due to the Healthy Ohio Program? How will ODM lessen this impact?
3. What kind of outreach will ODM pursue to ensure that Medicaid beneficiaries are kept aware of their account standing in order to help prevent lapses in Buckeye Account payments?
4. Given that many of the patients we see every day do not use traditional forms of money management, how would an individual without a bank or checking account make payments to Medicaid?

The Sisters of Charity Health System (SCHS) oversees the ministries of the Sisters of Charity of St. Augustine, a congregation of sisters who in 1851 came from France to Cleveland and began an enduring legacy of service to the community. Today, SCHS includes two acute care hospitals (St. Vincent Charity Medical Center, Cleveland and Mercy Medical Center, Canton); two elder care facilities; three grant-making foundations; and six health and human service organizations in Ohio and South Carolina. Our mission of Catholic health care calls us to serve vulnerable persons and to advocate for those in need. We firmly believe individuals, families and communities are stronger when everyone has access to high quality, affordable health care.

We are 3,287 faith-filled professionals and 1,068 credentialed physicians with one healing mission. In 2014, we provided Ohioans with high-quality, compassionate care through 101,342 inpatient days and more than 101,342 emergency department visits. Also, we provided over $63 million in community benefit, including $14.8 million in charity care at cost and $34 million in unpaid costs of Medicaid.

We appreciate the opportunity to comment on these important issues regarding the Healthy Ohio Demonstration Waiver. The Sisters of Charity Health System is committed to our healing ministry as a Catholic health care provider. We hope the state continues its commitment to expanding health care for those most in need. May God continue to bless you and our state as we continue on this journey of health transformation toward better health outcomes for all.

Sincerely,

Terrence P. Kessler
President & CEO
Sisters of Charity Health System

Thomas E. Cecconi
President & CEO
Mercy Medical Center

David F. Perse, M.D.
President & CEO
St. Vincent Charity Medical Center

Catholic Commission of Summit County
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Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Mr. McCarthy,

As a department within Catholic Charities, Diocese of Cleveland, I oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation

CATHOLIC CHARITIES
Diocese of Cleveland

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where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?

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6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,

Diane Zbasnik
Director
Catholic Commission of Summit County

MOUNT CARMEL
6150 East Broad Street • Columbus, Ohio 43213-1574
mountcarmelhealth.com

May 12, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, OH 43218

Dear Director McCarthy:

I write to you today regarding the Healthy Ohio 1115 Medicaid Waiver on behalf of the more than 8,000 colleagues, 1,500 physicians and 1,000 volunteers at Mount Carmel Health System.

Mount Carmel and Trinity Health, our parent company, have long advocated that expanding access and coverage is an essential element of health care transformation. I want to thank the Kasich Administration for its efforts to help extend access to coverage to nearly 650,000 Ohioans under the Medicaid program. As our team of clinicians has seen firsthand, this access to coverage has changed, and in many cases, saved lives in our state.

Unfortunately, it would appear that this access may be in jeopardy for nearly 150,000 Ohioans under the Healthy Ohio Program, based upon several projections. With a belief that people-centered begins with people-covered, we have concerns with provisions of the Medicaid waiver that could result individuals losing coverage, particularly those with incomes below the federal poverty level.

As the central Ohio leader in population health management, Mount Carmel encourages patients to take an active role in their own health and wellness, including their financial responsibilities associated with the cost of the delivery of care. This people-centered, consumer-driven model of care delivery is essential as our healthcare system continues to transition away from just treating people after they are already sick, to focusing on prevention and keeping people well.

However, as a not-for-profit, Catholic Health Ministry, Mount Carmel ultimately believes access to health care is a basic human right and expanding access is both a moral and practical imperative. Therefore, we urge caution regarding any efforts that may result in the reduction of access, as many of the projections say will happen under the Healthy Ohio Program.

Please do not hesitate to contact Jason Koma, Director of External Affairs at Mount Carmel, at 614-546-3410 or jkoma@mchs.com with questions or for additional information.

Sincerely,

Roger W. Spoelman
Interim President and CEO
Mount Carmel Health System

Changing Lives. Creating Futures

Founded in 1988

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David Yates, CPA

Betsie Norris
EXECUTIVE DIRECTOR

Partial funding provided by:

April 25, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

FAX: (614) 995-1301

Subject: Attn. Healthy Ohio Program 1115 Demonstration Waiver

To whom it may pertain:

I am writing to express my concern about former foster youth being included within the populations that are proposed to pay a premium to access Medicaid Benefits under the Healthy Ohio Program being currently considered. Adoption Network Cleveland works with youth in foster care at risk to age out, and as such we also keep in touch with many youth after they do emancipate.

These young adults face many challenges and are often ill-prepared to live on their own without supports. Today it is a well-known fact that most young adults are semi-dependent on their parents well into their 20's, however in the case of foster youth we cut ties and expect them to successfully fend for themselves at age 18? In addition to that being against the societal norm for most youth, let's also keep in mind that youth aging out of foster care have experienced the trauma of abuse and neglect, and have not had the benefit of stable childhoods and consistent parenting. Unfortunately the outcomes for these youth after they leave foster care are quite poor.

Parents can now provide their children healthcare until age 26. As the state of Ohio is the "parent" of these youth, the state should do whatever it can to help them successfully transition into adulthood – in this case doing as a capable parent would and provide access to healthcare to age 26. This is certainly not a population that needs another hurdle to cross.

Please reconsider and remove former foster youth from the populations that might be affected by this new policy should it be enacted.

Sincerely,

Betsie Norris
Executive Director

UHCAN Ohio
370 S. 5th St. Ste. G3
Columbus OH 43215

Phone: 614-456-0060
Fax: 614-456-0059
E-mail:
ncarter@uhcanohio.org

Fax Transmittal Form

To: Ohio Department of Medicaid
50 W. Town St. 5th Floor
Columbus OH 43218

Fax :(614) 995-1301
Attn: Health Ohio program1115

Urgent
For Review
Please Comment
Please Reply

From : UHCAN Ohio

Nita Carter,
Health Equity Director

Phone: 614-456-0060
Fax: 614-456-0059
E-mail: ncarter@uhcanohio.org

Date Sent : 5/12/2016

Time Sent:

Number of pages: 32

Message: Comments from consumers on the health Ohio Waiver collected through local churches in Columbus Ohio.

To: Ohio Department of Medicaid

From: Barb Hollins

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Gerizim Baptist Church
2633 Mock Rd
Col. OH 43219

Barb Hollins

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Freddie Thompson

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Freddie Thompson
Mt Calvary Bapt. Church
2633 Mock Rd
Col. OH. 43229

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[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From:
Dawonty Bushard

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Dawonty Bushard
Mt. Genim Bapt. Church
2633 Mock Rd
Col. OH. 43219

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[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Karen Hirshand

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

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Respectfully,

Karen Hirshand

Mt. Gerizim Bapt. Church
2633 Mock Rd
Col. OH. 43219

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[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Mary Shaw

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

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Respectfully,

Mary Shaw

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[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Jeanette Summers

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

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Respectfully,

Jeanette Summers

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To: Ohio Department of Medicaid

From: Blema Thompson

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

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In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Olivet Bapt Church
2633 Mock Rd
Col. OH 43219

Blema Thompson

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: SHERYL A TOWNS

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Denson Bapt. Church
2633 Mock Rd
Col. OH 43219

Sheryl A Towns

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Roger G Hopewell

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Sinai Bapt. Church
2633 Mock Rd
Col. OH 43219

Roger G Hopewell

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Briana Milner

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Gerizim Bapt Church
2633 mock Rd.
Col. OH 43229
Briana Milner

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Donza Buchanan

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Gerizim Bapt Church
2653 Mock Rd
Col. OH 43219

Donza Buchanan

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Richard Owens

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Zion Bapt. Church
2633 Mock Rd
Col. OH. 43219

Richard Owens

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Pastor Clifford R Riley

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Gerizim Bapt. Church
2633 Mock Rd
Col. OH 43219

Pastor Clifford R Riley

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: John SLAGUM

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Berzon Bapt. Church
2633 Mock Rd
Col OH 43219

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Madeline Milligan

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Gerizim Bapt Church
2633 Mock Rd
Col. OH 43229
Madeline Milligan

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[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Gregory O Powell

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully, Gregory O. Powell

Mt. Olivet Bapt. Church
2633 Mock Rd
Col OH 43219

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Rose M Jeter Howard

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Denison Bapt. Church
2633 Mock Rd
Col. OH 43229

Rose M Jeter Howard

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Mary King

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Mt. Senior Bapt Church
2633 Mock Rd
Col. OH 43219

Mary King

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Linda Davis-Steward

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Linda Davis-Steward
Mt Denson Bapt Church
2633 Mock Rd
Col. OH 43219

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Tanya Long

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Tanya Long

1470 N. 6th
Columbus, OH 43201

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

To: Ohio Department of Medicaid

From: Nathaniel Carter

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Nathaniel Carter
3652 Preamble Ln
Columbus, OH 43207

To: Ohio Department of Medicaid

From:

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

C/O Asbury United Methodist Church North
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Sue Patterson

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Sue Patterson

C/O Asbury United Methodist Church North
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Hank Patterson

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Hank Patterson

C/O Asbury United Methodist Church North
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Dr Irma Phillips-Carmichael

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

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These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Irma Phillips Carmichael
C/O Asbury United Methodist Church North
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Denise Ross

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Denise Ross

C10 Asbury North UMC
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Gloria Gairard

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

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Respectfully,

Gloria Gairard

C10 Asbury North UMC
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Ethel Johnson

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

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Respectfully,

Ethel Johnson

C/O Asbury North UMC
1586 Clifton Ave
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Joseph F. Weingart

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

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Respectfully,

C/o Asbury North UMC
1586 Clifton Ave.
Columbus, OH 43203

To: Ohio Department of Medicaid

From: Sandra Heath

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

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Respectfully,

Sandra Heath
c/o Asbury North UMC
1586 Clifton Ave.
Columbus, OH 43203

Sample Comment from an Organization that Cares About People on Medicaid

To: Ohio Department of Medicaid

From: [Insert Your Name, Organization, Address] Ralph G. Perry, Caring Hearts Home Health Services

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

[Insert Date] 5/8/16

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

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Respectfully,

[Insert Your Name]

Ralph G. Perry
c/o Asbury North United Methodist Church
1586 Clifton Ave
Columbus, OH 43203

[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

Fax Received for Medicaid_Legal Page 32 of 33 received on 5/12/2016 12:52:03 PM [Eastern Daylight Time] on server MS-RFAX-FX01

To: Ohio Department of Medicaid

From: Kamari Odai

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

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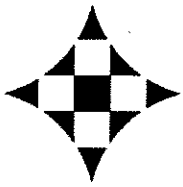
Respectfully,

Kamari M. Odai
C/O Asbury United Methodist Church North
1586 Clifton Ave
Columbus, OH 43203



Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

3569 Ridge Road
Cleveland, OH 44102
216.281.0872
Fax: 216.281.9721
nfpmedcenter.org

Fax

To: Attn. Healthy Ohio Program 1115 Demonstration Waiver	From: Neighborhood Family Practice
Fax: 614.995.1301	Pages: 9+ Cover Page
Phone:	Date: 5/16/16
Re: Healthy Ohio Program 1115 Demonstration Waiver	CC:

☐ Urgent X For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached, please find public comment pertaining to the Healthy Ohio Program 1115 Demonstration Waiver from Neighborhood Family Practice and patients of Neighborhood Family Practice.

Thank you.

Confidentiality Notice:

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Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

www.nfpmedcenter.org

Ridge Community Health Center
3569 Ridge Rd.
Cleveland, OH 44102
216.281.0872

Tremont Community Health Center
2358 Professor Ave.
Cleveland, OH 44113
216.334.2800

Detroit Shoreway Community Health Center
6412 Franklin Blvd.
Cleveland, OH 44102
216.961.2090

Puritas Community Health Center
14037-A Puritas Ave.
Cleveland, OH 44135
216.928.1950

W. 117 Community Health Center
11709 Lorain Ave.
Cleveland, OH 44111
216.367.1004

May 10, 2016

Director McCarthy
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, OH 43218

Dear Director McCarthy,

I am writing to express our concern about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw or fundamentally revise the proposal.

Neighborhood Family Practice (NFP), a federally qualified community health center serving Cleveland's west side, has been providing services for over 35 years. NFP partners with the community for everyone's best health by providing quality health care services regardless of ability to pay; treating patients with compassion, dignity and respect; protecting confidentiality; and offering culturally sensitive services and community outreach. In 2015, NFP served more than 17,000 patients, 63% of which are Medicaid beneficiaries. Additionally, 70% of our patients are 100% below the FPL and 85% are 200% below the FPL.

Neighborhood Family Practice's opposition to the 1115 waiver as written, is not aligned with our core guiding principal, that all people should have access to high quality primary and preventive health care, regardless of their ability to pay. As a foundation, we believe that everyone deserves health coverage that provides affordable access to high quality care and financial barriers to receiving care should be minimized for everyone, especially people with low incomes.

NFP's has identified the following concerns to the 1115 waiver as currently written:

- The proposed waiver will not increase and strengthen overall coverage for low-income individuals. The small monthly fee/premium being charged to even the poorest patients can be a burden for families living paycheck to paycheck. Premiums have led to declines in enrollment in other states. For example, in Oregon, enrollment dropped by 77% after the premiums were instituted. It is estimated that almost one mission Ohioans could lose coverage. Moreover, falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid and ultimately, their medical care.

- The proposed waiver does not increase access to and strengthen providers and provider networks. The proposed waiver would institute health savings accounts and debit cards which will be costly to administer and make it more complex and challenging for people to use Medicaid. Additionally, the

operationalization of this process will be costly and for organizations similar to NFP with limited staffing, capacity, and resources.

- The proposed waiver will not improve health outcomes for Medicaid recipients and other low income populations. Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive, integrated care through their established providers without financial barriers. The monthly premiums or contributions under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates. Losing Medicaid coverage for many will result in poorer health outcomes, untreated conditions, and increased emergency visits.

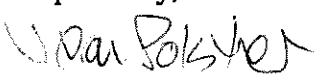
  Further, many consumer wellness requirements make assumptions about low-income consumers' abilities to access transportation, physical fitness facilities, and other resources that support healthy behaviors, such as better nutrition. The success of these requirements depends upon access to many services that are inadequate or simply not readily available in the communities we serve.

- Another major limitation that is expected from the 1115 Waiver is the annual limit that will be placed on each individual's policy. Contrary to what is acceptable and that aligns with the Affordable Care Act, the 1115 Waiver will create a monetary limit on how much an individual can accumulate within a calendar year for health care services. This is a catastrophic stipulation that the 1115 Waiver will implement if it passes through. This shows a complete setback to the patient as they will have to be selective and even have to avoid certain services as a way to moderate how much they have accumulated in cost for services. The annual limit coverage is just one of the many unfavorable drawbacks of the 1115 Waiver.

- The waiver will not increase the efficiency and quality of care for Medicaid and other low income populations. The usage of health savings accounts and debit cards are costly to administer and manage, increasing the complexity of access and maintenance to care for the patient. Furthermore, it is unclear how "unbanked" consumers in the state will interact with the necessary formal financial systems to ensure timely payment of their required costs.

Thank you for your consideration of our recommendations to the 1115 waiver. In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, NFP will recommend to CMS to reject this proposal in its entirety.

Respectfully,



Jean Polster, RN, MS
President and Chief Executive Office
Neighborhood Family Practice

May 2016

To: Ohio Department of Medicaid & Centers for Medicaid and Medicare Services

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

To Whom It May Concern:

I oppose the "Healthy Ohio" Medicaid Waiver because the proposed changes will make health care unaffordable, complicated, and challenging for me and the over one million other Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

My current Medicaid coverage allows me to receive much needed high quality primary health care at Neighborhood Family Practice, a community health center in Cleveland. I know I have a health care provider that I can see on a regular basis and who can help me maintain my health. Under "Healthy Ohio" if I can't afford to pay my premium, I will lose my health coverage which means I won't be able to receive the health care I need.

I know that I am not the only one in this situation and I urge the Center for Medicare and Medicaid Services to reject Ohio's "Healthy Ohio" Waiver request.

Respectfully,

Solange Mahoro

Address:

1454 W 84 St cleveland 44102

May 2016

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Address:

13404 Harold Ave.
Cleveland, Ohio
44135

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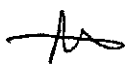

Address:

4219 W. 148th St

Cleveland OH 44135

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Respectfully,

JOHN LOUIS LeMieux, Esq.

Address:

1480 WARREN RD. # 512

LAKEWOOD, OH. 44107

May 2016

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Respectfully,

Patrick Aikins

Address:

27316 Center Ridge Rd.

Westlake, Ohio 44145

May 2016

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Respectfully,

Teresa E. Rose

Address:

27316 Center Ridge Rd.

Westlake, Ohio 44145

Medicaid helps me…

Being insured helps me…

I depend on Medicaid…

to see my therapist!

Sincerely,

Brandy M Jenkins

5-11-16

Date

Address:

14011 Brookpark Rd Apt 41
Brookpark OH 44142

May 15, 2016

John McCarthy, Ohio Medicaid Director
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH, 43218

Dear Director McCarthy:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Ohio's Section 1115 demonstration waiver, which proposes to modify the state Medicaid program. 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 help 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.

Approximately 66,020 Ohioans – many of whom rely on Medicaid for their health care - are expected to be newly diagnosed with cancer this year.[1] ACS CAN applauds Ohio's efforts to maintain health coverage for these and other low-income Ohioans through the state Medicaid program. We also appreciate that the state of Ohio is attempting to build on its history as an innovator in Medicaid health care delivery. We are concerned, however, that components of the proposed demonstration waiver could create barriers to care and place unnecessary administrative burdens on enrollees.

We recognize that the Ohio Legislature mandated a number of provisions included in the draft waiver and we provide our comments in the spirit of consideration of the effect that this proposal will have on low-income Ohioans, especially those who are battling cancer and those who will be diagnosed with cancer during their lifetime.

Following are specific suggestions for strengthening the waiver proposal.

Cost Sharing - Monthly Member Contribution

We acknowledge Ohio's desire to take an innovative approach to individual cost sharing and personal responsibility, but we have strong concerns regarding the requirement that all Healthy Ohio Program enrollees make a monthly contribution of two percent of their annual income or up to $99 per year to maintain eligibility for the program. Studies have shown that imposing cost sharing on low-income

[1] American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.

individuals is likely to deter enrollment in the Medicaid program.[2,3,4] Proposals that place greater financial burden on the lowest income state residents, especially those under 100 percent of the federal poverty level (FPL), create barriers to care, undermining a stated goal of the Healthy Ohio Program – to promote member engagement in health care – especially for those individuals and families confronted with a cancer diagnosis. While the Centers for Medicare and Medicaid Services (CMS) has permitted states to impose premiums or "member contributions," these approvals have been granted for populations above the federal poverty level. We strongly oppose the mandated member contributions from enrollees under 100 percent FPL, a proposal that will either deter enrollment or result in disenrollment, causing significant disruptions in care.

Additionally, we ask the Department to clarify if the required contribution will be based on annual or monthly household income. Further, we ask you to clarify if total household income or if each individual household member's income will be calculated to determine the amount of the "member contribution". Low-income populations are more likely to have inconsistent income throughout the calendar year; therefore, we recommend that the contribution be based on monthly household income.

Hardship Exemptions

The draft waiver fails to provide enrollees any hardship exemptions or waivers from the required monthly contribution. We are concerned that failing to provide enrollees with a hardship exemption or waiver for a late or missed payment will result in gaps in coverage. For a patient undergoing cancer treatment, this could be a critical misstep in the delivery of their cancer treatment. ACS CAN strongly urges Ohio to include a hardship exemption clause in the Healthy Ohio program and to clearly define the requirements to meet such exemptions. We also urge Ohio to prohibit termination of coverage as a penalty for non-payment of a monthly contribution. The Healthy Ohio Program should also include a grace period, for payment of monthly contributions during at least the first quarter of 2018 (i.e., the first date of coverage for the Healthy Ohio program), providing enrollees additional time to transition to this new cost sharing requirement before terminating coverage.

Cost Sharing – Copayments

The draft waiver indicates that enrollees would be subject to co-payments for inpatient and outpatient services and prescription drug coverage. ACS CAN is opposed to the proposed $75 copayment for inpatient hospitalization. Enrollees with serious, chronic conditions, such as cancer, are frequently admitted to the hospital and recurrent inpatient care is a part of the treatment continuum.[5,6] Imposing a $75 copayment for each inpatient hospitalization in addition to the other related cost sharing

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[2] 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.
[3] 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.
[4] 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.
[5] Numico G, Cristofano A, Mozzicafreddo A, et al. Hospital Admission of Cancer Patients: Avoidable Practice or Necessary Care? Santini D, ed. *PLoS ONE*. 2015;10(3):e0120827. doi:10.1371/journal.pone.0120827.
[6] Hjermstad M, Kolfaath J, Løkken A, et al. Are emergency admissions in palliative care always necessary? *BMJ Open*. 2013; 3 e002515 doi:10.1136/bmjopen-2012-002515.

requirements, such as prescription drug and outpatient visits, could create considerable financial hardship for an individual or family fighting cancer. We urge Ohio to consider reducing or eliminating the inpatient services copayment, especially for those individuals with complex, chronic conditions like cancer.

Continuity of Care

For an individual undergoing cancer treatment, timely and uninterrupted access to services is critical. When cancer treatment is disrupted the effectiveness of the treatment could be jeopardized and the individual's chance of survival can be significantly reduced. We note that the draft 1115 waiver fails to provide specific provisions to ensure that individuals transitioning on to the Healthy Ohio Program, beginning January 1, 2018, can continue to see their health care provider if medically necessary. Additionally, we are concerned about the transfer of enrollees who reach the annual benefit threshold being systematically transferred back to the Healthy Ohio Program at the beginning of the plan year. Failure to consider the care delivery and/or treatment regimen of patients, especially those managing a complex, chronic condition like cancer, could have devastating effects on patients, their families, and providers.

We are especially concerned about women enrolled in Medicaid as a result of a cancer diagnosis through the state's Breast and Cervical Cancer Project. Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, in addition to longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes.

As the draft 1115 waiver is finalized, we ask the Ohio Department of Medicaid to consider continuity of care provisions that would ensure that individuals in active course of treatment for life-threatening illnesses, such as cancer, do not face significant care disruptions. We urge the state to consider use of the "medically frail" designation and the establishment of a clearly defined process through which a Healthy Ohio Program enrollee can inform the Department that they are in active treatment; allowing them to maintain their cancer care treatment regimen and continue to see their providers through the same health care systems through the end of their treatment.

Per Year and Lifetime Limits

The proposed use of annual and lifetime limits is arbitrary and will cause additional disruption in care for individuals managing complex chronic conditions, like cancer. We note that under the ACA, individual, small group, and employer plans are prohibited from limiting the lifetime dollar value of benefits and we urge this important patient protection be applicable to the Health Ohio program as well. Individuals are diagnosed with cancer at various stages, and depending on the type of cancer, the stage, and the necessary course of treatment, the patient could easily reach the proposed annual and/or lifetime limit. Forcing enrollees to transition to a new care delivery system at a critical point in their treatment would be highly disruptive to the enrollee and their care team. Transitioning enrollees to an alternative delivery system would likely result in a different provider network and new care/utilization management protocols. For a cancer patient, these disruptions could significantly reduce their chance of survival.

We urge the Department to alternatively consider the use of the "medically frail" designation, instead of the annual and/or lifetime limits. This approach would allow enrollees and their providers to inform the

Department at the onset of a diagnosis that their health status has changed, which will likely result in the use of more frequent and higher cost service utilization. Allowing the enrollee to utilize the "medically frail" designation will minimize disruptions in care during the course of their treatment and allow the enrollee and their provider care team to carefully consider if their diagnosis and subsequent treatment regimen will necessitate enrollment in fee-for-service or a different managed care plan. Further, we ask the Department to only transition a "medically frail" or high utilizer from their chosen delivery system after the enrollee has affirmatively selected the new delivery system.

Access to Specialists

We are pleased that the draft 1115 waiver seeks to promote the use of primary care services. A significant proportion of cancers are preventable through lifestyle changes and screening.[7] However, we are concerned that the waiver fails to provide sufficient information to determine the extent to which enrollees will have access to specialized medical services, such as oncologists – including subspecialists.

The draft 1115 waiver notes that it intends to fully comply with the federal Medicaid rules regarding network adequacy. However, we strongly urge the Ohio Department of Medicaid to adopt quantitative standards – such as minimum provider and facility ratios and minimum time and distance standards – to ensure enrollees have access to specialists.

Preventive Screenings

Providing Ohioans access to high quality primary medical care and preventive services is one of the most effective ways to prevent or detect cancer at an earlier, more curable, and less expensive stage. We are encouraged that the Healthy Ohio Program will focus on quality metrics and performance incentives and we strongly encourage the Department to include breast, cervical, and colorectal cancer screening in its health plan performance incentive program. Additionally, the list of qualifying preventive services that make an individual eligible to carry forward a Buckeye Account balance should be based on the United States Preventive Services Task Force (USPSTF) list of "A" or "B" rated services, as required by section 4106 of the Affordable Care Act (ACA).

Having access to health care coverage is one of the most important factors in determining if a person will receive preventive services and it also increases the likelihood that they will receive breast and colorectal cancer screenings.[8] As such, incentivizing all Healthy Ohio Program managed care plans to emphasize and deliver quality preventive services will not only increase utilization of proven early detection and screening services, but it will also increase the likelihood that cancer will be caught at an earlier stage, when it is less costly and more treatable.

Conclusion

We appreciate the opportunity to provide comments on Ohio's demonstration waiver application. The expansion of the Medicaid program remains critically important for many Ohioans who need access to cancer prevention and cancer treatment. Upon further consideration of the policies that will be

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[7] American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.
[8] Fox J, Shaw, F. Morbidity and Mortality Weekly Report. Published July 17, 2015, Accessed April 20, 2016. http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf.

included in the final waiver application, we ask the Ohio Department of Medicaid to weigh the impact such policies may have on access to lifesaving health care coverage.

Again, we fully understand that this draft waiver has been prepared as a result of a legislative mandate and we will continue to advocate at all levels of government, including the legislature, to ensure that all low-income Ohioans have access to quality, affordable, comprehensive health care coverage that best fits their needs. We look forward to continuing our work with Department of Medicaid and if you have any questions, please feel free to contact me at 614.578.1127 or jeff.stephens@cancer.org.

Sincerely,

Jeff Stephens
Ohio Government Relations Director
American Cancer Society Cancer Action Network (ACS CAN)

Anthem BlueCross BlueShield

May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 West Town St., 5th Floor
Columbus, Ohio 43218

Via Electronic Mail to: HealthyOhio@medicaid.ohio.gov

Re: Public Comments on Healthy Ohio Program 1115 Demonstration Waiver

Dear Department Officials,

Anthem Blue Cross and Blue Shield (Anthem) is pleased to submit our comments to the Department regarding the draft Healthy Ohio Program 1115 Demonstration Waiver. Anthem has a long history of serving the health care needs of all Ohioans, with more than 3.3 million members enrolled in our products across the State. Additionally, as a wholly-owned subsidiary of Anthem, Inc., we are part of an organization that is the nation's leading provider of health care solutions for state-sponsored programs. Our affiliate health plans partner with 20 states to serve nearly 6 million people in Medicaid, CHIP and other state programs. We bring deep organizational expertise and passion for working with state partners to develop dynamic and innovative health care programs that improve the availability and quality of health care to low individuals.

We greatly appreciate the opportunity to participate in the public comment process, and look forward to further collaboration with the State on the Healthy Ohio Program.

Should you have any questions regarding this submission, please contact me by phone at 678-587-4844 or via email at Tunde.Sotunde@anthem.com.

Sincerely,

Tunde Sotunde, MD
President, North Region, Medicaid Business Unit

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RESPONSE TO OHIO'S HEALTHY OHIO PROGRAM 1115 DEMONSTRATION WAIVER DRAFT APPLICATION

Anthem Blue Cross and Blue Shield (Anthem) began serving Ohio in 1939 and has a long history of and demonstrated commitment to addressing the health care needs of all Ohioans. We are dedicated to expanding access to high-quality health benefits for members and empowering them to lead healthy lives. We currently serve more than 3.3 million members through diverse programs across Ohio, and we will begin serving State employees in July 2018.

As part of the Anthem, Inc. family of companies, our national organization is one of the nation's leading providers of health care solutions for state-sponsored programs, serving more than 5.9 million people in Medicaid, CHIP, and other state programs across 20 states. Our affiliate health plans serve the full scope of Medicaid program populations, from low-income families and children to those with more complex health care needs, including children and youth in foster care, individuals with specialized behavioral health needs, and individuals enrolled in Home and Community-Based Services (HCBS) waiver programs receiving Long-Term Services and Supports (LTSS).

This extensive national experience includes over 25 years of development and implementation of innovative programs that draw upon the latest best practices in areas such as member outreach and education, provider engagement, preventive health programs, cost-sharing and incentive programs, and specialized populations – all customized to meet state-specific needs. Of particular relevance as we offer our feedback on the proposed Healthy Ohio Program, our Indiana affiliate has significant experience implementing, operating, evaluating, and enhancing a similar program, the Healthy Indiana Plan (HIP). This program is designed to foster personal responsibility, engage members in taking greater ownership of their health care, and deliver better health outcomes.

As the Ohio Department of Medicaid (ODM) moves forward with the Healthy Ohio Program 1115 Demonstration, we offer recommendations we believe are critically important to a successful and sustainable Medicaid managed care program within the context of the draft waiver application. We greatly appreciate the chance to participate in this public comment process and welcome the opportunity to meet with ODM at any time to discuss our response further. We look forward to future collaboration with the State on innovative programs designed to improve the availability and quality of health care to Ohioans. For ease of review, we have aligned our comments with sections of the draft waiver.

Program Overview

The demonstration waiver identifies four goals for the Healthy Ohio Program. The commitment to and focus on these goals is evident throughout the application. Anthem commends ODM for proposing an innovative program designed to promote member engagement and personal responsibility, increase the use of preventive services, increase provider engagement in the healthy behaviors of members, and increase the number of commercially insured members. Our affiliate's eight years of experience in Indiana, with HIP 1.0 and the expansion to HIP 2.0 in February 2015, has clearly demonstrated that members want to be healthier and more engaged in their own care. We would appreciate the opportunity to share this experience, data, and our observations regarding the Indiana programs with ODM.

We recognize the critical importance of program evaluation and measurement, and applaud ODM for establishing a framework to evaluate the program's achievement of its stated goals. We believe that the most successful program evaluation structures are created through a collaborative stakeholder feedback process. To that end, we recommend that ODM create a work group with the selected managed care

plans, representative providers, consumer advocates, and other key stakeholders to review and fine-tune the information presented in Table 1.3, Healthy Ohio Program Evaluation. This collaborative work group can review program measures to verify that data sources are readily available and consistent across managed care plans. The work group can also confirm that program design features and their operational implementation enable managed care plans and providers to meaningfully impact and influence behavior that supports program goals.

Demonstration Eligibility

Anthem applauds the State's broad-based inclusion of all non-disabled adult Medicaid recipients in the Healthy Ohio Program. This provides them the opportunity to be part of an innovative program designed to transform individuals into active and informed consumers of health care services and support their transition from public assistance to commercial market coverage.

Based on the experience of our affiliate health plans delivering managed LTSS in eight states, we recommend that members in HCBS waiver programs and receiving LTSS be enrolled in the Healthy Ohio Program and receive services through their managed care plan. This will enable full coordination of care, ease for the members, and savings for the program overall. We request that ODM confirm that individuals receiving LTSS are included in the Healthy Ohio Program. There appears to be conflicting information within the draft application on whether such individuals will be enrolled in the Healthy Ohio Program, and whether LTSS or waiver services will be provided through the selected managed care plans or delivered fee-for-service as a carve-out.

Benefits

The Healthy Ohio Program proposes to offer members the robust benefit package offered through the Ohio Medicaid State Plan and Alternative Benefit Plan. Anthem supports delivering a fully integrated benefit package, inclusive of behavioral health, LTSS, and non-emergency medical transportation. This stems from our strong belief in an integrated approach to addressing individuals' total physical health, behavioral health care, social, and waiver-related support needs. We believe this comprehensive approach is crucial to improving the member's health status and quality of care and services, while proactively managing costs and emphasizing member choice, access, safety, independence, and responsibility through active engagement, communication, and coordination.

In Table 3.1, Benefit Packages, the waiver appears to incorporate several benefit packages based on eligibility group. As ODM moves forward with more detailed program design, we encourage the State to minimize the number of benefit packages in the Healthy Ohio Program. Streamlining benefit packages helps members easily understand their benefits and access care, results in administrative simplification for providers, reduces operational complexity for managed care plans, and supports easier program administration and evaluation for ODM.

Cost Sharing

We commend the State for incorporating cost-sharing elements into the Healthy Ohio Program. Anthem believes that there are a number of ways to use cost sharing to promote member financial responsibility and provide greater transparency around the costs of services in support of program goals.

Our Indiana affiliate has experience with similar cost-sharing components. They have implemented a number of methods to help members understand the cost of their care and manage their account, including monthly statements, online access that displays an up-to-date account balance and lists all applied expenses, and receipts printed by the provider at the point of service. Additionally, to foster greater program transparency, our affiliate is exploring real-time notifications when expenses are deducted from their account.

In Indiana, observations during the first year of HIP 2.0 operations reveal that requiring member contributions at all income levels creates a positive impact on consumer behavior and health outcomes, and also demonstrates that members are actively engaged in their health care and accessing services. One of the more revealing findings is the extent to which low-income individuals choose the plan option that requires member contributions (the HIP Basic plan requires member copayments and the HIP Plus plan requires monthly member contributions). Overall, 70 percent of members are choosing to pay monthly contributions and receive the enhanced benefit package included in HIP Plus. In HIP Plus, approximately 82 percent of members have incomes at or below 100 percent Federal Poverty Level (FPL) and nearly half of these members are in the lowest income bracket, as shown in Figure 1. In addition, nearly half of the members making contributions chose to pay their entire annual contribution in advance and most of these members who chose to do pay in advance were in the lowest income bracket.

Figure 1. Members are Making Required Contributions

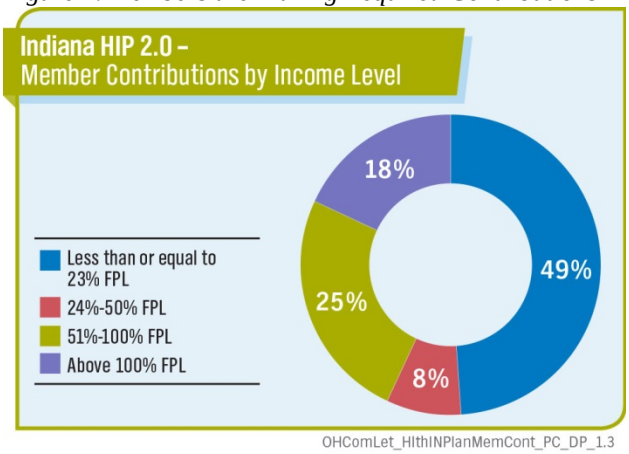
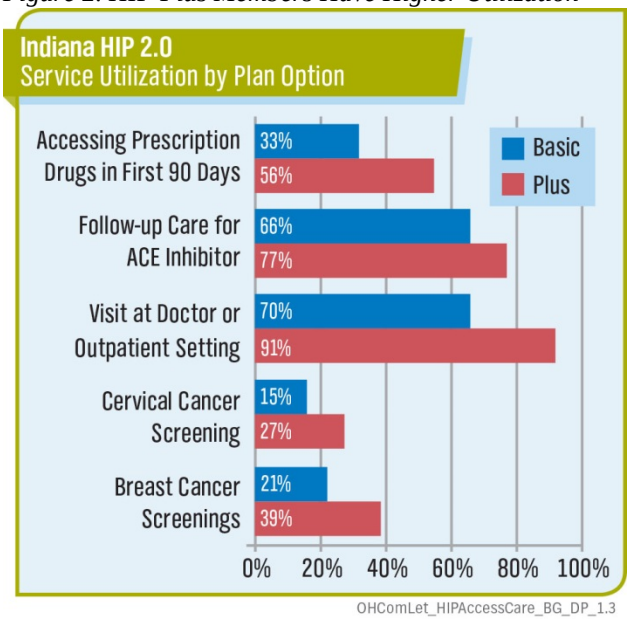


Figure 2. HIP Plus Members Have Higher Utilization



Our Indiana affiliate is also seeing indications that members who make monthly contributions are actively accessing benefits and engaging in their care. As shown in Figure 2, HIP Plus members, those making required monthly contributions, have higher service utilization rates than HIP Basic members, who have copayments but no monthly contribution. For example, for preventive care screenings, HIP Plus members are receiving cervical cancer and breast cancer screenings at a significantly higher rate than HIP Basic members.

We recommend that ODM make the Healthy Ohio Program as clear and simple as possible for members, providers, and managed care plans. Educating and communicating with members and providers is critical to meeting program goals and a lack of understanding of the Healthy Ohio Program, including Buckeye Account components and rules, could create barriers to influencing desired behavior. We believe that provider support and participation is essential, and we encourage ODM to consider the administrative impact on providers and ensure that processes are not overly burdensome.

We commend ODM and legislative leaders for incorporating rewards for healthy behaviors into the Healthy Ohio Program, and we appreciate that both the State and providers can award healthy incentive points to the core portion of a member's Buckeye Account. We suggest that managed care plans also be granted the authority to award healthy incentive points. We have seen positive results when members are

rewarded, especially in real-time, for making healthy choices. The Healthy Incentive Point System should be designed to deliver timely feedback to members to reward healthy choices and streamline the process for providers to encourage consistent participation for all Healthy Ohio Program members. Anthem suggests that ODM consider allowing managed care plans to reward healthy behaviors in real-time and to apply incentive points/dollars to members' next monthly contributions so that they receive more immediate positive feedback. This mechanism is being successfully used across lines of business (including commercial insurance and Medicare) to foster personal engagement and responsibility.

We recommend that ODM collaborate with selected managed care plans and providers to identify the best way to operationalize the Healthy Incentive Point System. Involvement from providers and selected managed care plans would be especially valuable in helping to identify where Buckeye Account funds can be used "to pay for qualifying health-related benefits" (other than over-the-counter medications).

Our Indiana affiliate provides immediate healthy behavior rewards (for example, a gift card) as a value-added benefit to reward members for positive behaviors, such as completing initial health assessments, obtaining prenatal care, and smoking cessation. In focus groups with Indiana members, the health plan learned that most members understand the importance of preventive care, yet the extent to which an incentive motivates a member to seek preventive care varies. It is clear that for incentives to be the most effective, they need to be received or recognized by the member within a short time period after the member exhibited the healthy behavior. Our Indiana affiliate continues to evaluate the types and amounts of incentives to determine what changes may be needed to drive member engagement.

Anthem is a strong advocate of the decision to include a preventive care incentive in the Healthy Ohio Program. In Indiana, HIP 2.0 includes a similar process that allows members to carry funds to the next year if they obtain recommended preventive services. Similar to overall service utilization, HIP Plus members are accessing preventive care at a much higher rate than HIP Basic members. In the last 12 months, more than 87 percent of HIP Plus members accessed preventive care and ambulatory services, which is more than 40 percent higher than the rate HIP Basic members are accessing the same services.

Anthem welcomes the opportunity to discuss our affiliate's Indiana findings in more detail with ODM to help implement the most effective healthy behavior and preventive care incentives for the Healthy Ohio Program. This topic is another opportunity to engage selected managed care plans, providers, and members to explore the best way to operationalize the incentive program and support Healthy Ohio Program goals in a manner that is clear, simple, consistent, and easy to administer and evaluate.

Implementation of the Demonstration

Anthem fully supports ODM's decision to implement the Healthy Ohio Program statewide, including mandatory managed care enrollment for all eligible populations. We also support the decision to conduct a competitive managed care procurement for the Healthy Ohio Program. We suggest that this procurement focus on the technical capabilities of the managed care plans to meet the goals and objectives of the program. Further, we recommend ODM solicit information from managed care plans with experience implementing and operating programs with similar components. To foster continuity of care for families, ODM may wish to consider a consolidated program that combines the Ohio Covered Families and Children with the Healthy Ohio Program.

We agree with the implementation schedule presented in Section 6 that provides a lead time of more than 12 months prior to the January 1, 2018 start date. Our affiliate's experience in Indiana demonstrates that member and provider education, outreach, and buy-in are critical components of program success. The managed care plans and ODM will need sufficient time for readiness review, stakeholder outreach, and member transition to ensure a smooth implementation. We also suggest that ODM expand the readiness review process to include operational components that confirm each managed care plan is ready to meet

the unique requirements of the program and to maintain a high level of support to Healthy Ohio Program members and providers.

The waiver application indicates that ODM will "assure that there are at minimum two managed care plan options for enrollees." We recommend that ODM carefully consider the total eligible population so managed care plans can establish and maintain sustainable membership levels. Too few managed care plans may deliver enrollment numbers that would present an operational challenge and too many may create a program that is not financially viable for participating plans.

Anthem also suggests that ODM encourage and facilitate collaboration between selected managed care plans and the State during the implementation process. This collaboration should focus on aligning operations with program goals with an emphasis on:

- Creating member messaging and operational procedures that support program goals and minimize confusion, which may create barriers to accessing care and services or inadvertently incent behavior that does not align with program goals
- Engaging providers in the Healthy Ohio Program and creating common processes across managed care plans that minimize administrative burden and provider abrasion and encourage widespread provider support and participation
- Soliciting ideas and assistance from stakeholder partners, including consumer groups and advocates, who can help the State and the managed care plans educate members on the Healthy Ohio Program

Creating an environment where managed care plans work collaboratively with ODM to combine their experience, strengths, and innovations will better engage members, providers, and stakeholders and support Healthy Ohio Program goals.

Conclusion

Anthem appreciates the opportunity to submit this written response to the Ohio Department of Medicaid regarding the Healthy Ohio Program 1115 Demonstration Waiver draft application. We have outlined our recommendations based on best practices in program design and our organization's experience in the areas addressed in implementing, operating, and evaluating a similar program. We look forward to continuing productive discussion and problem solving as a partner in Ohio's efforts to achieve this next generation vision for Ohio Medicaid.

Advocates for Ohio's Future
37 West Broad Street, Suite 1100
Columbus, OH 43215
www.advocatesforohio.org

May 12, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, OH 43218

Dear Director John McCarthy:

Advocates for Ohio's Future (AOF) is a nonpartisan health and human services coalition of over 475 organizations that promotes health and human service budget and policy solutions so that all Ohioans live better lives. We believe in investing in our state's most valuable resource—our people—to ensure that they are safe, healthy, and can afford life's basics.

In recent years AOF has strongly supported Governor Kasich's efforts to expand access to health care to low-income Ohioans. Good health is critical for maintaining a job, earning an education, parenting, and participating in community life. As of January 2016, the Medicaid expansion has successfully provided access to care to 625,000 Ohioans, reducing Ohio's uninsured rate by more than eight percent.

As a coalition, AOF wishes to comment on the Healthy Ohio 1115 Demonstration Waiver being submitted—as required by statute—by the Ohio Department of Medicaid. Dozens of organizations, including many of our coalition members, have testified in opposition to provisions in the Healthy Ohio waiver. AOF concurs with the concerns our member organizations have expressed. Our chief concerns are described briefly below.

The Healthy Ohio waiver would damage the progress made toward affordable access to health care without barriers for low-income Ohioans. If implemented, the waiver would reduce access to health care for Ohioans eligible for Medicaid, reduce positive health outcomes for Ohioans using Medicaid, and reduce the efficiency of administering the Medicaid system while increasing the costs of implementation.

The Healthy Ohio proposal would require participants to contribute two percent of their annual income or $99.00 annually, whichever is less, toward the cost of health care. Evidence from states such as Oregon and Vermont show that new premiums often create a barrier to enrollment, leading to significant drops in the number of people with health care coverage. The Ohio Department of Medicaid estimates that 1.66 million Ohioans enrolled in Medicaid would have their coverage threatened by the Healthy Ohio plan. Under the Healthy Ohio plan, if someone misses two monthly payments, coverage is lost. Before regaining coverage, the person must pay what is owed for the two previous months. This would make regaining coverage difficult, especially for the poorest Ohioans who have very little cash income and must make choices between paying for rent, utilities, gas, food and health care.

Advocates for Ohio's Future
37 West Broad Street, Suite 1100
Columbus, OH 43215
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The Healthy Ohio proposal would reduce positive health outcomes for Ohioans using Medicaid. By adding the requirement of premiums payment, the churn of people entering and exiting the Medicaid program will increase. This churn results in disrupted care, reducing health care outcomes, especially for those managing chronic disease, and leads to increased costs for patients reentering the Medicaid system and increased uncompensated care costs for providers.

The Healthy Ohio proposal increases the complication of using Medicaid for patients and health care providers, increasing the expense of implementation. The challenges of implementation include:

- The need to reach out to beneficiaries to explain the new system
- The establishment and tracking of health savings accounts
- Suspending and reinstating enrollees who churn in and out of the Medicaid system
- The collection and tracking of monthly premiums for Medicaid enrollees by health care providers
- The expense of tracking incentive points for certain health activities, like exercise and smoking cessation classes, and the cost of ensuring access to activities for Ohioans in many regions.

Programs like the Healthy Ohio plan are difficult for patients and providers to navigate and expensive to administer. Arkansas recently eliminated health savings accounts and cost-sharing requirements from its Medicaid program, cutting the costs to administer the program in half.

In conclusion, the Healthy Ohio waiver would reduce access to health care, damage health outcomes for Medicaid enrollees, and increase the complexity and expense of administering the Medicaid program. Advocates for Ohio's Future recommends that the State of Ohio maintain Ohio's Medicaid program in its current state, which has proven to more efficiently provide access to health care without barriers for hundreds of thousands of Ohioans.

Sincerely,

Bill Sundermeyer
State Director
Advocates for Ohio's Future

Advocates for Ohio's Future Steering Committee

Tamara James	AARP Ohio
Renuka Mayadev	Children's Defense Fund-Ohio
Cathy Johnston	Coalition on Homelessness and Housing in Ohio (COHHIO)
Ron Rees	Corporation for Ohio Appalachian Development (COAD)
Jason Smith	groundWork

Advocates for Ohio's Future
37 West Broad Street, Suite 1100
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Advocates for Ohio's Future Steering Committee (continued from page 2)

Rob Alexander	Human Service Chamber of Franklin County
Erin Davies	Juvenile Justice Coalition
Lynn Berner	Linking Employment, Ability and Potential (LEAP)
Melanie Hogan	Linking Employment, Ability and Potential (LEAP)
Kelly Smith	Mental Health & Addiction Advocacy Coalition (MHAC)
Colleen Dempsey	National Association of Social Workers (NASW) - Ohio
Danielle Smith	National Association of Social Workers (NASW) - Ohio
Beth Kowalczyk	Ohio Association of Area Agencies on Aging (o4a)
Kelly Vyzral	Ohio Association of Child Caring Agencies (OACCA)
Julie DiRossi-King	Ohio Association of Community Health Centers (OACHC)
Teresa Rios-Bishop	Ohio Association of Community Health Centers (OACHC)
Dontavius Jarrells	Ohio Association of County Behavioral Health Authorities (OACBHA)
Lisa Hamler-Fugitt	Ohio Association of Foodbanks
Emily Turner	Ohio Association of Goodwill Industries
Teresa Lampl	Ohio Council of Behavioral Health & Family Services Providers
Jane Whyde	Ohio Family & Children First Coordinators Association
Melissa Croppter	Ohio Federation of Teachers
Joel Potts	Ohio Job and Family Services Directors' Association (OJFSDA)
Linda Cook	Ohio Poverty Law Center
Mark Davis	Ohio Provider Resource Association (OPRA)
Bobbie Celeste	Ohio Psychological Association
Kerrie Carte	Ohio Workforce Coalition/WSOS
Wendy Patton	Policy Matters Ohio
Mary Wachtel	Public Children Services Association of Ohio (PCSAO)
Susan Rogers	RSVP of the Ohio Valley
Tara Britton	The Center for Community Solutions
Valerie Ridgeway	United Way of Central Ohio
Margaret Hulbert	United Way of Greater Cincinnati
Steven Wagner	Universal Health Care Action Network (UHCAN) Ohio
Brandi Slaughter	Voices for Ohio's Children

Sent from my iPhone

BENJAMIN ROSE
INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY

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April 29, 2016

John McCarthy, Director
The Ohio Department of Medicaid
50 W. Town Street
Columbus OH 43215

Dear Director McCarthy:

The Benjamin Rose Institute on Aging (BRIA) is writing to express our opposition to the implementation of the Healthy Ohio 1115 Demonstration Program. We vigorously applaud Governor Kasich's expansion of Medicaid under the ACA option. We also believe that the proposed Healthy Ohio waiver will disrupt coverage for many of those most in need, and will ultimately lead to the kinds of uncoordinated care the Governor is trying to avoid, and increase costs as a result. As you know, Ohio, Medicaid Expansion provides healthcare coverage to over 600,000 new adults. The Harvard School of Public Health study reveals that that Medicaid expansions are associated with a significant reduction in mortality and increased rates of self-reported positive health status, in addition to improved coverage and access to care.[1]

Further, Health Policy Ohio states that, "both hospitals and community health centers reported a reduction in the number of patients who are categorized as self-pay/uninsured and a corresponding increase in the number of patients with Medicaid".[2] In addition, the working paper from the National Bureau of Economic Research estimates that medical debt held by people newly covered by Medicaid since 2014 has been reduced by about $600 to $1,000 each year.[3] The Governor's leadership has shown that by extending Medicaid benefits, Ohio provides opportunities to improve the health and safety of participants. The expansion benefits Ohio's health care economy, reduces the cost of uncompensated care, continues comprehensive reforms to Ohio Medicaid programs, and keeps Ohio tax dollars in Ohio.

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[1] National Bureau of Economic Research. Working Paper 22170. The Effect of the Patient Protection and Affordable Care Act: Medicaid Expansions on Financial Well-Being. Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong. © 2016.

[2] National Bureau of Economic Research. Working Paper 22170. The Effect of the Patient Protection and Affordable Care Act: Medicaid Expansions on Financial Well-Being. Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong. © 2016.

[3] Health Policy Brief. Medicaid Enrollment Trends and Impact Analysis. Amy Rohling McGee, Stephanie Gilligan, Janet Goldberg, Todd, Ives, OSU – William Hayes. December 2014.

Extending Medicaid benefits to Ohio's working poor, those with mental health and substance abuse problems, and those with unstable acute and chronic illnesses for which they had no recourse for treatment, have proven to be invaluable. However, we believe that premium requirements will interfere with participation and increase Medicaid administrative cost as demonstrated in the states of Oregon, Wisconsin, Virginia, and Arkansas. We believe clinical costs will rise as well.

BRIA provides services primarily to older adults, so many of our clients will not be affected by the Healthy Ohio Demonstration. However, many our younger clients age 55 to 64 with minimal incomes, and family caregivers of all of our clients, are also living from pay check to pay check. For many of our mental health clients, managing even routine matters like premiums is often beyond their capacity. Their options for care would default back to uncompensated and high cost treatment in the emergency room, or even worse, in a nursing home standing in the role of a mental health facility.
We understand the principle of financial responsibility. There are some members of our community who are just not able to meet these sorts of requirements. The Benjamin Rose Institute on Aging urges ODM to not undercut its success to date of the most vulnerable of your community-dwelling beneficiaries, and withdraw this application as written.

Sincerely,

Richard Browdie
President and CEO

Cc: Office of Governor John Kasich
Mr. Greg Moody, Director, Office of Health Transformation

Sample Comment from an Organization that Cares About People on Medicaid

To: Ohio Department of Medicaid

From: [Insert Your Name, Organization, Address] Bernice A. Taylor
Arbury North United Methodist Church

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

[Insert Date] 5/12/16

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

[Insert Your Name] Bernice A. Taylor

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[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Christ Episcopal Church in Shaker Heights and will soon be part of Greater Cleveland Congregations. GCC provided leadership and worked with others throughout the state to encourage Medicaid expansion in 2014.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,
Betty Kendrick

Address: 2181 Buena Vista Drive

Cleveland, OH zip 44092

Bob Kloos
2463 Kingston Road
Cleveland Heights, OH 44118-4305

Director John McCarthy
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

May 2, 2016

Dear Director McCarthy,

What happened? Ohio was leading the charge for providing healthcare for the needy, now it appears we are ripping this gift right out of the hands of those who need it most?

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver. It will disrupt coverage for needy Ohioans and increase costs.

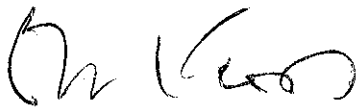
Six hundred and forty thousand more Ohioans now have coverage as a result of Medicaid expansion. More than 2.9 million Ohioans are enrolled in Medicaid. This waiver would hammer a million of Ohio's Medicaid population and go contrary to the very purposes and guidelines of Medicaid.

The waiver would:

1. Charge enrollees unaffordable premiums resulting in loss of services.
2. Complicate things with health savings accounts and debit cards.
3. Establish annual and lifetime caps which are *illegal* under the Affordable Care Act.

This waiver will do way more harm than good. Don't let Ohio drop the ball. Do not allow the "Healthy Ohio" waiver to go forward. It is not at all healthy for Ohio's most needy.

Respectfully,



Bob Kloos
bkloos@sbcglobal.net

Sample Comment from an Organization that Cares About People on Medicaid

To: Ohio Department of Medicaid

From: [Insert Your Name, Organization, Address]

CANDACE M. TAYLOR
2011 RANKIN AVENUE, COLUMBUS, OH 43219

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

[Insert Date] 12 MAY 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

[Insert Your Name] Candace M. Taylor

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[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

Sr. Dorothy Thum
Senior V.P. Mission &
Values Integration

2409 Cherry Street
Toledo, OH 43608

May 9, 2016

Director McCarthy
Medical Care Advisory Committee – Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215

Dear Director McCarthy:

Please accept this letter in opposition to the proposed Healthy Ohio 1115 Medicaid Waiver. Mercy Health-Toledo Region believes the waiver will disrupt coverage and increase costs for Medicaid beneficiaries in Northwest Ohio and beyond.

Mercy Health - Toledo is a member of Mercy Health (formerly Catholic Health Partners), the largest health system in Ohio and one of the largest non-profit systems in the country. Locally, Mercy Health – Toledo serves 20-counties in Northwest Ohio and Southeast Michigan. Mercy Health - Toledo provides comprehensive primary and critical care services to residents as well as a robust physician group, Mercy Health Physicians - North, Mercy Health - Life Flight critical air transport services and Mercy College of Ohio.

Mercy Health - Toledo is proud to provide over $107 million in community benefit in 2015 which includes charity care and community health services. With more than 7,500 employees and 2,200 medical staff members, Mercy Health - Toledo has been a part of the Northwest Ohio community it serves for 160 years.

As a result of Medicaid expansion, 640,000 more Ohioans now have coverage. More than 2.9 million Ohioans are enrolled in Medicaid. The waiver would create the following changes for more than 1 million of Ohio's Medicaid beneficiaries and negatively impact recipients in Northwest Ohio:

- Unaffordable premiums that have led to enrollment declines resulting in people not getting the medical services they need.
- Termination of coverage for non-payment of premiums despite a person qualifying for coverage.
- The addition of health savings accounts and debit cards which are costly to administer and complex for Medicaid beneficiaries to use.
- Annual and lifetime caps which are illegal under the Affordable Care Act.

The proposed changes would rebuild barriers to needed medical care that Medicaid expansion has helped to tear down.

Sincerely,

Sr. Dorothy M. Thum, R.S.M.

Sr. Dorothy Thum, RSM
Senior V.P. Mission & Values Integration

April 28, 2016

Director McCarthy
Medical Care Advisory Committee – Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215

Dear Director McCarthy:

Please accept this letter in opposition to the proposed Healthy Ohio 1115 Medicaid Waiver. The Toledo/Lucas County CareNet Board strongly believes the waiver will disrupt coverage and increase costs for Medicaid beneficiaries in Lucas County and beyond.

Toledo/Lucas County CareNet is a non-profit organization that has worked tirelessly since 2003 to reduce barriers to healthcare for residents living below 200% of the federal poverty level. CareNet formed a Charity Care Network that involves all 7 hospitals in Lucas County, plus 15 primary care clinics and more than 220 volunteer specialty care physicians. Since Medicaid was expanded in Ohio, CareNet has continued to provide coordinated access to care for those who remain uninsured. CareNet also provides navigation services to assist people in signing up for Medicaid/Marketplace coverage as well as care coordination to help reduce the social determinants of health and educate residents about how to use their coverage.

As a result of Medicaid expansion, 640,000 more Ohioans now have coverage. More than 2.9 million Ohioans, or 25% of the state's population, are enrolled in Medicaid. The waiver would create the following changes for more than 1 million of Ohio's Medicaid beneficiaries – and negatively impact recipients in Lucas County:

- Unaffordable premiums that have led to enrollment declines in other states. For example, enrollment dropped by 77% in Oregon after premiums were instituted.
- Termination of coverage for non-payment of premiums.
- The addition of health savings accounts and debit cards, which will be costly to administer and complex for Medicaid beneficiaries to use. Due to high administrative costs, Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the federal poverty level.
- Annual and lifetime caps, which were eliminated as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps, which are now illegal.

These proposed changes would rebuild barriers to care that the state's expansion had helped to tear down. Thank you for considering the Toledo/Lucas County CareNet Board's opposition to the waiver.

Respectfully,

Dr. Arthur Mancini
President – Toledo/Lucas County CareNet Board

3231 Central Park West Drive, Suite 200, Toledo, Ohio 43617
Phone: 419-842-0800 • Fax: 419-842-0999 • Email: CareNet@hcno.org

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
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7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Carmen Durand
18309 Edinboro Avenue, Maple Heights Ohio
Chemical Dependency Case Manager-Women's Program

1515 West 29th Stree] Cleveland, Ohio 44113] 216-696-2197

cjdurand@ccdocle.org fax: 216-696-2088

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Bernadette Washington
1096 East 97th , Cleveland, Ohio 44108

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

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The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely yours,
Emily Currie Manring, LISW-s
Director
Catholic Charities Pre-Employment Screening

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

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Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Helen Pilla
Director Service and Systems
Catholic Community Connection

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely yours,
Michelle Kipfstuhl, LSW
Director
Catholic Charities Community Services Medina County

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

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Sincerely yours,

Carmen Durand
18309 Edinboro Avenue, Maple Heights Ohio
Chemical Dependency Case Manager-Women's Program

1515 West 29th Stree] Cleveland, Ohio 44113] 216-696-2197

cjdurand@ccdocle.org fax: 216-696-2088

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

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CATHOLIC CHARITIES
Diocese of Cleveland

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www.ccdocle.org/dsao

May 9, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by adding various requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met—i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find

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This latter experience among those needing behavioral health and chemical dependency services proves especially representative of the rural and smaller town populations served by Catholic Charities Communities Services in each of Wayne, Ashland, and Medina Counties. These persons rely not only on their medications and services, but on their newly gained health care options via Ohio's Medicaid expansion that has finally allowed them to reliably access these medications and services. If they experience excessive and unnecessary sanctions that cut them off from these medications and services, their quality of life will plummet amidst tremendous suffering.

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Sincerely yours,

Jeffrey R. Campbell, Director
Catholic Commission of Wayne, Ashland, Medina

TO: Ohio Department of Medicaid
FROM: Glinda Dames-Fincher – a member of Greater Cleveland Congregations (GCC)
REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver
DATE: May 5, 2016

Dear Director McCarthy,

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will disrupt coverage for needy Ohioans and increase cost.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. But premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the "Healthy Ohio" waiver.

Respectfully,

Glinda Dames-Fincher, MT (ASCP)
Health Team
Greater Cleveland Congregations

Medical Advisor
Kincaid's Kindred Spirits, Inc
Adult Sickle Cell Support & Youth Mentoring Group

May 12, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

Dear Director McCarthy:

One of the top public policy priorities of the American Diabetes Association is to ensure public and private health insurance options, including those under the Affordable Care Act and Medicaid, provide affordable access to the services, medications, technology, and education necessary to meet the needs of people with diabetes and prediabetes.

The Association strongly supports the expansion of Medicaid which has resulted in 650,000 more Ohioans now having coverage.[1] According to Ohio Department of Medicaid data, more than 2.9 million Ohioans are now enrolled in Medicaid.[2] However, we are very concerned by some of the provisions in the draft Healthy Ohio Program 1115 Demonstration Waiver. In particular, we believe the monthly contribution requirements for enrollees, the cost-sharing amounts for services, and the "incentives" for individuals to not use medical care in order to reduce their contribution requirements in the future could have a negative impact on Ohio Medicaid enrollees with diabetes. We respectfully provide the following comments and recommendations to further improve the Healthy Ohio Program.

Cost-Sharing and Financial "Incentives"

The Kaiser Commission on Medicaid and the Uninsured reports that "a large body of research shows that premiums and cost-sharing can act as barriers in obtaining, maintaining and accessing health coverage and health care services, particularly for individuals with low incomes and significant health care needs."[3] The Association is concerned by the amount of monthly contributions enrollees will be required to pay in order to continue Medicaid coverage. In general, cost-sharing deters individuals from seeking medical care, while premium requirements deter individuals from enrolling in coverage. According to a recent study conducted by staff at the Agency for Healthcare Research and Quality (AHRQ), a premium increase of $10 per month is associated with a decrease in public coverage of children in families with incomes above 150% of the federal poverty level (FPL), with a greater decrease in coverage for those below 150% FPL.[4] The price sensitivity of households with low incomes *must* be a consideration when imposing premium or co-payment requirements for any public health program.

[1] http://www.healthtransformation.ohio.gov/Budget/ExtendMedicaidServices.aspx
[2] https://www.medicaid.gov/medicaid-chip-program-information/by-state/ohio.html
[3] Premiums and Cost-Sharing in Medicaid: A Review of Research Findings, Kaiser Commission on Medicaid and the Uninsured, February 2013.
[4] Abdus S, Hudson J, Hill SC, Selden TM, Children's Health Insurance Program Premiums Adversely Affect Enrollment, Especially Among Lower-Income Children, 33 Health Affairs 8, August 2014.

Gary Dougherty
Director, State Government & Advocacy
1-800-676-4065 x4832
gdougherty@diabetes.org

Diabetes Information
Call 1-800-DIABETES (1-800-342-2383)
Online: www.diabetes.org
The Association gratefully accepts gifts through your will.

The Mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Fortunately, federal Medicaid regulations do not allow providers to require individuals with incomes less than 100% FPL to pay the applicable cost-sharing as a condition for receiving the item or service, and prohibits premiums for most individuals with income below 150% FPL.[5]

While we understand the Ohio Department of Medicaid is complying with state statutes to implement the Healthy Ohio Program, the statutes do not specifically state how much cost-sharing enrollees should pay for services. We are concerned that, even though enrollees will not have to pay additional cost-sharing for services if they have exhausted the funds in their Buckeye Accounts, the levels of cost-sharing for services will greatly impact beneficiaries' ability to achieve the "incentive" of rolling-over unused funds to be able to pay less in the following year. Further, the Association is very concerned this financial "incentive" scheme will be particularly detrimental to enrollees diagnosed with diabetes.

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. The Association, including its scientific and medical experts, believes essential benefits for the management, prevention, and care of diabetes include:

- Diabetes screening for individuals at high risk;
- Services as determined by a treating health care provider;
- Prescription medications;
- Durable medical equipment, such as blood glucose testing equipment and supplies, and insulin pumps and associated supplies;
- Services related to pregnancy, including screening for diabetes; monitoring and treatment for women with pre-existing diabetes and gestational diabetes; and postnatal screening;
- A yearly dilated eye exam by an eye-care professional with appropriate follow-up care as medically needed;
- Podiatric services;
- Diabetes education, including diabetes outpatient self-management training services; and
- Medical nutrition therapy services.

[5] Premiums and Cost-Sharing in Medicaid: A Review of Research Findings, Kaiser Commission on Medicaid and the Uninsured, February 2013.

Providing a Healthy Ohio Program enrollee with diabetes a financial incentive to *not* use medical services—and therefore have a remaining balance in the Buckeye Account at the end of the year—is inappropriate, and could result in increased costs for the state in the long-term. For example, studies show intensive diabetes management can delay the onset and progression of diabetic nephropathy, which is the leading cause of end stage renal disease.[6] If a low-income individual with diabetes is enrolled in the Healthy Ohio Program, this financial incentive offered by the program may dissuade him from obtaining the medical care, supplies and medications he needs to manage his diabetes. This type of incentive is counter-intuitive and could potentially be harmful in the long-term to Healthy Ohio Program enrollees with diabetes.

Alternative Benefit Plan and Essential Health Benefits Requirements

In addition to the potential long-term clinical impacts which could result from the inappropriate incentives offered through the Healthy Ohio Program, the Association is also concerned the proposed program does not meet the requirements of the Affordable Care Act (ACA) as it relates to the new adult eligibility group. We are particularly concerned the proposed incentive scheme violates Section 1302 of the ACA which says that in defining the Essential Health Benefits (EHB) the Secretary of the Department of Health and Human Services shall "not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life."[7] Section 2001 of the ACA requires states to provide beneficiaries in the new adult group benchmark or benchmark equivalent coverage (called an alternative benefit plan or ABP), as outlined in Section 1937 of the Social Security Act. [8] The ACA also modified the requirements of Section 1937 to require benchmark benefits to, at a minimum, include EHB.[9] Therefore, individuals in the new adult eligibility group must receive Section 1937 ABP coverage which includes a non-discriminatory EHB package.

While it appears the benefits package options for the new adult eligibility group outlined in the Healthy Ohio Program may meet the Section 1937 requirement of covering EHB, the incentive program discriminates against individuals with disabilities—including those with diabetes—in violation of Section 1302 of the ACA. Even if program enrollees who have diabetes make all of the required monthly payments and meet the healthy behavior requirements, their need for regular medical care to treat and manage their diabetes puts them at a great disadvantage in achieving the offered incentive compared to program enrollees who do not have diabetes.

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[6] American Diabetes Association, Standards of Medical Care in Diabetes—2014, Diabetes Care, S43, January 2014. Available at http://care.diabetesjournals.org/content/37/Supplement_1/S14.extract

[7] Patient Protection and Affordable Care Act, Public Law 111-148, §1302(b)(4)(B), March 23, 2010. Note: Through rulemaking the Secretary allowed states to define EHB through a benchmark plan process.

[8] Id. at § 2001(a)(2)(A).

[9] Id. at § 2001(c)(3).

Under the ACA, certain individuals in the new adult eligibility group "must be given the option of an ABP that includes all benefits available under the approved State plan."[10] This exemption includes individuals who are deemed "medically frail" by the state, the definition of which must at least include individuals with "serious and complex medical conditions."[11] While we recognize the Healthy Ohio Program benefits are the same as the State Plan benefits, the financial incentives and cost-sharing penalties are not. Therefore, we strongly urge the Ohio Department of Medicaid to include in the Healthy Ohio Program an exemption for those deemed medically frail, in compliance with the federal Medicaid rules. This exemption should provide medically frail Medicaid enrollees with the option to participate in the Healthy Ohio Program, or to receive their coverage through the state's fee-for-service Medicaid program.

Summary

The Association is pleased Ohio has decided to accept federal Medicaid funding to extend eligibility for its Medicaid program. However, the program outlined in the draft *Healthy Ohio Program 1115 Demonstration Waiver* is not "likely to assist in promoting the objectives" of the Medicaid program as required in Section 1115 of the Social Security Act.[12] The proposed incentives are potentially detrimental to the health of Healthy Ohio Program enrollees with chronic health conditions, such as diabetes. Further, the Healthy Ohio Program financial roll-over incentives discriminate against individuals with diabetes. Finally, the cost-sharing requirements in the Healthy Ohio Program are likely to deter individuals from obtaining Medicaid coverage and when combined with the roll-over incentives, deter individuals from accessing necessary care. As such, the Association strongly urges the Ohio Department of Medicaid amend the Healthy Ohio Program 1115 Demonstration Waiver to ensure individuals with disabilities, such as diabetes, are not disadvantaged by the program and are able to access all of the care necessary to manage their condition and avoid costly and devastating complications.

Thank you for the opportunity to provide comments on the draft Healthy Ohio Program 1115 Demonstration Waiver. Please let me know if you have any questions.

Sincerely,

GARY DOUGHERTY
Director-State Government Affairs and Advocacy
American Diabetes Association

[10] 42 C.F.R. § 440.315.
[11] Id. at § 440.315(f).
[12] 42 U.S.C. § 1315(a).

April 27, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy,

On behalf of Equitas Health, and the Ohio AIDS Coalition and the citizens of Ohio affected by HIV and AIDS, we are writing to comment in opposition to the proposed Healthy Ohio Waiver. Equitas Health, formerly AIDS Resource Center Ohio, is one of the nation's premier providers of a comprehensive, holistic, and coordinated response to HIV, from prevention to diagnosis and treatment. The Ohio AIDS Coalition (OAC) is a division of Equitas Health. The Coalition provides education and advocacy, appearing as a voice for Ohioans with HIV.

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 CHIP programs. There are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will:

1. increase and strengthen overall coverage of low-income individuals in the state;
2. increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
3. improve health outcomes for Medicaid and other low-income populations in the state; or
4. increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Each of those standards is violated by the proposed Waiver. The source of those violations are the statutes, R.C. 5166.40 et seq. requiring certain terms of the Waiver. In particular, the waiver is in violation of or contrary to multiple provisions in federal law and place Ohioans with HIV in a tenuous position. Some of the defects caused by the underlying statutes are the following:

- A violation of MOE under Section 1902(a)(74) of the Social Security Act,
- A violation of Section 1903(c) of the Social Security Act,

- A violation of rights granted under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009),
- A violation of Section 1557 of the Patient Protection and Affordable Care Act,
- Placing charitable organizations and health care providers at risk of civil or criminal penalties,
- Not complying with the requirements of 26 USC 223., and
- Unlawfully interfering with a mandatory entitlement under federal law.

The following pages provide further explanation of each of the incurable defects in the underlying statutes.

I. THE WAIVER CANNOT BE APPROVED BECAUSE IT VIOLATES MOE REQUIREMENTS ENACTED AS PART OF THE ACA AND MOE IS EXPRESSLY NOT SUBJECT TO WAIVER UNDER THE SOCIAL SECURITY ACT.

42 U.S.C. 1396a(a)(74) requires states participating in the Medicaid program to "provide for maintenance of effort under the State plan or under any waiver of the plan in accordance with subsection (gg);" (Underscore added.)

Section gg states the following:

> **(gg) Maintenance of effort**
> **(1) General requirement to maintain eligibility standards until State exchange is fully operational**
> Subject to the succeeding paragraphs of this subsection, during the period that begins on March 23, 2010, and ends on the date on which the Secretary determines that an Exchange established by the State under section 18031 of this title is fully operational, as a condition for receiving any Federal payments under section 1396b (a) of this title for calendar quarters occurring during such period, a State shall not have in effect eligibility standards, methodologies, or procedures under the State plan under this subchapter or under any waiver of such plan that is in effect during that period, that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under the plan or waiver that are in effect on March 23, 2010.
> **(2) Continuation of eligibility standards for children until October 1, 2019**
> The requirement under paragraph (1) shall continue to apply to a State through September 30, 2019, with respect to the eligibility standards, methodologies, and procedures under the State plan under this subchapter or under any waiver of such plan that are applicable to determining the eligibility for medical assistance of any child who is under 19 years of age (or such higher age as the State may have elected).
>
> (Underscore added)

The proposed Waiver applies to 18 year olds. Any substantive, operational, or administrative requirement that imposes a new health savings account on any person who is 18 is a new eligibility standard, methodology, and procedure. Eligibility standards cannot be changed until October 1, 2019 at the earliest. The MOE restrictions are the same as those established under the American Recovery and Reinvestment Act and it applies to eligibility standards, methodologies, and procedures, and cannot be more restrictive than those in effect on March 23, 2010.

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Section 2.6 on page 17 of the Waiver lists a series of changes to eligibility standards, methodologies, and procedures. Additionally, Section 4.5 on page 25 of the Waiver sets out new copayment and deductible obligations. For any individual who is age 18, ALL of those changes listed in sections 2.6 and 4.5 are categorically prohibited by Section 1902(A)(74) of the Social Security Act. For that reason, the waiver cannot be approved by CMS.

II. THE WAIVER CANNOT BE APPROVED BECAUSE IT VIOLATES SECTION 1903(c) OF THE SOCIAL SECURITY ACT.

The statutes establishing the waiver provide only two vehicles for payment for services for individuals enrolled in the waiver; the Buckeye Account debit card, and once that is depleted, a managed care entity would provide payment for the benefits.

Regarding services covered under the waiver, Section 5166.401(A) of the Revised Code states in part:

> It shall cover physician, hospital inpatient, hospital outpatient, pregnancy-related, mental health, pharmaceutical, laboratory, and other health care services the Medicaid director determines necessary.

Section 5166.40(C) states:

> Except as provided in section 5166.406 of the Revised Code, a healthy Ohio program participant shall not receive medicaid services under the fee-for-service component of medicaid or participate in the care management system.

Section 5166.406 of the Revised Code states in part:

> If a healthy Ohio program participant exhausts the annual or lifetime payout limits specified in division (D) of section 5166.401 of the Revised Code, the participant shall be transferred to the fee-for-service component of medicaid or the care management system.

Ohio Medicaid offers its consumers four different options for getting health care services, Traditional Medicaid (Fee-For-Service), Medicaid Managed Care, Home and Community-Based Services, and Facility-Based Care. The effect of those statutes is to prohibit a Healthy Ohio enrollee from accessing both traditional Medicaid managed care and traditional fee-for-service, while still allowing the Healthy Ohio enrollee to access home and community based services and facility based care. That structure creates an access barrier to school based services.

Medicaid provides coverage of professional services in the Medicaid Schools Program (MSP). Those services include Occupational therapy services, Physical Therapy services, Speech-language pathology services, Audiology services, Nursing services, Mental health services. The MSP is part of Medicaid's fee-for-service system. See, Ohio Administrative Code 5160-35-04 and http://medicaid.ohio.gov/FOROHIOANS/AlreadyCovered/GettingCare.aspx. The MSP is not part of Medicaid Managed Care, Home and Community-Based Services, nor Facility-Based Care.

The MSP covers services authorized as part of an individual service plan authorized under the Individuals with Disabilities Education Act (IDEA) and includes individuals up to the age of 21. Some Healthy Ohio waiver enrollees would be entitled to receive IDEA covered services. The above statutes do not allow Healthy Ohio waiver enrollees to receive any IDEA authorized services under the Medicaid program. For that reason, the waiver cannot be approved by CMS.

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Also, the approved state plan amendment for the MSP, section 4.19-B Items 6, 11, 13, 19, and 24, sets forth the exclusive reimbursement methodology for MSP services and includes a certified public expenditure component to that reimbursement. None of that is accommodated for by the statutes, and neither Healthy Ohio Waiver payment, nor a Buckeye Account debit card can be used to pay a public school district. For that reason, the waiver also cannot be approved by CMS.

Further, the secretary of HHS is not permitted to restrict payment for services furnished under the IDEA. Section 1903(c) of the Social Security Act states the following:

> Nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary to prohibit or restrict, payment under subsection (a) for medical assistance for covered services furnished to a child with a disability because such services are included in the child's individualized education program established pursuant to part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan adopted pursuant to part C of such Act.

The waiver authority under Section 1115 of the Social Security Act does not permit restriction on payment for IDEA authorized services. Even if the MSP were able to be covered by Healthy Ohio plans or Buckeye cards, requiring 18, 19, and 21 year olds to use Buckeye accounts and requiring schools to contract with managed care plans is a "restriction" on payment for covered services. For that reason, the waiver cannot be approved by CMS.

Finally, the payment methodology for MSP providers cannot be altered without consulting multiple school districts that were parties to the matter of Kissel v. Ohio Department of Job and Family Services Franklin County CP. 05 CV 002796. That case involved litigation over the ending the Community Alternative Funding System (CAFS) program. That litigation ended with a settlement after extended negotiation between the state and the plaintiffs. Two public hearings and a public comment process are not appropriate vehicles for consulting with parties to a formal settlement.

III. THE WAIVER CANNOT BE APPROVED BECAUSE THE STATUTES ESTABLISHING THE WAIVER INTERFERE WITH ANOTHER FEDERAL BENEFIT.

The Healthy Ohio waiver cannot be approved because the statutes establishing the waiver bar access to Ryan White program benefits as provided for under the Ryan White Care Act. The Ryan White HIV/AIDS Program was established through the federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 as a payer of last resort for HIV/AIDS patients seeking care, medication, and support services for their disease. It has been amended and reauthorized four times with its latest iteration the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009).

The Ryan White program is administered by the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services. The program is comprised of four primary components, Parts A, B, C, and D, and functions through the distribution of grants to public or private awardees. Individuals who are eligible for Ryan White Services can receive coverage and/or services through one or more of the funded parts.

Part B grants to states include a base grant; the AIDS Drug Assistance Program (ADAP) award; and ADAP Supplemental Drug Treatment Program funds. ADAP funds are used in part to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments. ADAP also pays enrollees' health care co-payments and health insurance premiums.

The Healthy Ohio statutes interfere with those benefits. Ohio Revised Code Section 5166.402 provides the following:

> (C) (1) Subject to divisions (A)(2), (D), and (F) of this section, a healthy Ohio program participant shall contribute each year to the participant's buckeye account the lesser of the following:
> (a) Two per cent of the participant's annual countable family income;
> (b) Ninety-nine dollars.
> (2) A participant's contributions to the participant's buckeye account may be made in monthly installments. A monthly installment payment shall be considered an initial contribution.
> (D) (1) Subject to division (D)(2) of this section, **the following may make contributions to a healthy Ohio program participant's buckeye account on the participant's behalf:**
> **(a) The participant's employer, but only up to fifty per cent of the contributions the participant is required to make;**
> **(b) A not-for-profit organization, but only up to seventy- five per cent of the contributions the participant is required to make;**

> **(c) The managed care organization that offers the health plan in which the participant enrolls under the healthy Ohio program, but both of the following apply to such contributions:**
> (i) They shall be used only to pay the costs for the participant to participate in a health-related incentive available under the health plan, such as completion of a risk assessment or participation in a smoking cessation program.
> (ii) They cannot reduce the amount the participant is required to contribute.
> (2) Contributions made on a participant's behalf under divisions (D)(1)(a) and (b) of this section shall be coordinated in a manner so that the participant makes at least twenty-five per cent of the contributions the participant is required to make. (Emphasis added).

Further, Revised Code Section 5166.403 provides that the account is to be used for the costs of health care services that are covered by the health plan and for copayments as required by Revised Code Section 5166.401(C).

These statutes do not allow contributions by another government program either to the Buckeye Account, or to pay copayments under Healthy Ohio. They unlawfully interfere with Ryan White benefits, as those are costs Ohioans with HIV are entitled to have paid by the Ryan White program. As such, the waiver cannot be approved.

Additionally, the provisions of state law are preempted by federal law. As explained above, the structure of the statutes and the waiver interfere with this important federal benefit.

Article VI, clause 2 of the United States Constitution states:

> This Constitution, and the laws of the United States which shall be made in pursuance thereof; and all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land; and the judges in every state shall be bound thereby, anything in the Constitution or laws of any State to the contrary notwithstanding. (Emphasis added)

Consistent with that command, the Supreme Court has long recognized that state laws that conflict with federal law are "without effect." Altria Group v. Good, 555 U.S. 70 (2008) citing Maryland v. Louisiana, 451 U. S. 725, 746 (1981). The proposed waiver cannot be approved because a non-negotiable element that is not severable is preempted by federal law.

IV. THE WAIVER CANNOT BE APPROVED BECAUSE IT VIOLATES THE NON-DISCRIMINATION PROVISIONS OF THE ACA AND WILL INCREASE THE RATE OF HIV TRANSMISSION IN OHIO.

In addition to flaws noted in these comments passim, the waiver violates the non-discrimination provisions of the ACA because it creates a barrier for HIV positive persons from accessing the care they need to stay engaged in care.

The Patient Protection and Affordable Care Act (ACA) prohibits health programs from discriminating against individuals on the basis of disability.[1] All health programs receiving federal funds must provide coverage of Essential Health Benefits (EHB), and a program does not provide coverage of EHB "if its benefit design, or the implementation of its benefit design, discriminates based on . . . present or predicted disability . . . or other health conditions."[2] ***Disability includes HIV, even when a person is in the asymptomatic phase of the illness.***[3]

> SEC. 1557. NONDISCRIMINATION.
> (a) IN GENERAL.—Except as otherwise provided for in this title (or an amendment made by this title), an individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title (or amendments). The enforcement mechanisms provided for and available under such title VI, title IX, section 504, or such Age Discrimination Act shall apply for purposes of violations of this subsection. (Underscore added)

HHS has established that the Medicaid programs are health programs under this provision.[4]

The waiver design is inconsistent with the current standard of care for HIV as outlined by the Department of Health and Human Services (HHS), it is discriminatory against individuals living with HIV, and it violates an HIV positive persons entitlement under other federal laws established

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[1] ACA § 1557, codified at 42 U.S.C. § 18116 (2012).
[2] ACA § 1311(c)(1)(A)(i); 45 CFR § 156.125, 45 CFR § 156.200(e), 45 CFR § 156.225, and 45 CFR § 147.104(e); *see also* ACA § 1557(a).
[3] *See, e.g., Bragdon v. Abbot*, 524 U.S. 624, 630–647 (1998) (ADA); *Doe v. County of Centre, Pa.*, 242 F.3d 437, 447 (3d Cir. 2001) (Rehabilitation Act); *Chalk v. United States Dist. Ct.*, 840 F.2d 701, 704–709 (9th Cir. 1988) (Rehabilitation Act).
[4] 80 FR 54171, at 54175.

for the express purpose of paying for an HIV positive persons insurance premiums, co-insurance, and copayments.

A combination of multiple antiretroviral medications is necessary to suppress the human immunodeficiency virus (HIV), and the most effective combination depends on factors unique to the individual. Left untreated, HIV can replicate by the billions every day, and as it does so, it mutates rapidly. Indeed, HIV has the highest mutation rate of any virus due to its uniquely error-prone process of transforming RNA into DNA. Because it mutates so rapidly, HIV quickly adapts and becomes immune to drugs when treated with only one type of drug at a time or when treatment is interrupted, even briefly.

The great breakthrough in HIV treatment came in the mid-90s when researchers discovered that effectively fighting the virus requires using multiple types of HIV drugs at the same time.[5] Combination treatments box the virus into a corner, decreasing the amount of the virus in the body to undetectable levels and allowing the immune system to function more normally.[6] Based on this insight, clinicians now combat the virus by prescribing a combination of the following types of antiretroviral drugs:[7] Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTIs), Protease Inhibitors (PIs), Non-nucleoside Reverse Transcriptase Inhibitor (NNRTIs), Entry Inhibitors (EIs), Fusion Inhibitors (FIs), and Integrase Inhibitors (IIs).

HHS guidelines describe the current "state of knowledge" and establish the medical standard of care for the "optimal use" of antiretroviral (ARV) agents for the treatment of HIV infection in adults and adolescents in the United States.[8] The guidelines are a living document that is updated as new treatments become available or new research studies are published. The guidelines include "recommended" regimens and "alternative" regimens[9] and are available online at: http://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0.[10]

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[5] *History of HIV & AIDS in the U.S.*, AVERT, http://www.avert.org/history-hiv-aids-us.htm (last accessed October 17, 2014) ("[After being introduced], it soon became obvious that HAART was going to be revolutionary in HIV treatment."); *see also* HHS Guidelines at D-1 ("Achieving viral suppression requires the use of ARV [i.e., HAART] regimens with at least two, and preferably three, active drugs from two or more drug classes.").

[6] US DEP'T OF HEALTH AND HUMAN SERVS., GUIDELINES FOR THE USE OF ANTIRETROVIRAL AGENTS IN HIV-1-INFECTED ADULTS AND ADOLESCENTS (last updated May 30, 2014), at E-1, *available at* http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf (hereinafter "HHS Guidelines") ("The primary goal of antiretroviral therapy (ART) [i.e., HAART] is to prevent HIV-associated morbidity and mortality. This goal is best accomplished by using effective ART to maximally inhibit HIV replication so that plasma HIV RNA levels (viral load) remain below that detectable by commercially available assays. Durable viral suppression improves immune function and quality of life, lowers the risk of both AIDS-defining and non-AIDS-defining complications, and prolongs life.").

[7] U.S. Institute of Health, *Types of HIV Antiretroviral Drugs* (last updated Sept. 23, 2013); AIDS.gov, *Overview of HIV Treatments* (last revised Aug. 7, 2009).

[8] *See* HHS Guidelines at A-1 to A-2.

[9] For some individuals, the recommended regimens may not be effective. Therefore an alternative regimen may be the preferred regiment for some patients. HHS Guidelines at F-4.

[10] HHS Guidelines at F-4.

The multi-drug treatment, known as highly active antiretroviral therapy (HAART), has proven remarkably successful in improving immune function and overall health, delaying the onset of AIDS, and extending life expectancy to near-normal for people with HIV.[11] Proper use of medications has reduced deaths from 50,874 in 1995[12] to 13,712 in 2012.[13] The significant reduction in deaths is evidence that HIV medications save the lives of people with HIV. Effective treatment of people with HIV, also greatly benefits other members of the general public. By reducing the amount of virus in an individual with HIV's bodily fluids, HAART reduces the risk of transmission from infected individuals to their sexual partners by at least 96%[14] and perhaps 100%.[15] HAART also prevents women with HIV from transmitting the virus to their newborn children.[16] Therefore, HAART not only saves the lives of people with HIV, but protects the public health as well.[17]

To obtain all of these benefits, HAART should be initiated early and be taken daily without interruption.[18] Delaying treatment causes long-term damage to vital organs[19] and allows HIV to mutate extensively as it replicates throughout the body, risking the possibility that one of those

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[11] *See* HHS Guidelines at D-1.

[12] *See* Denis H. Osmond, *Epidemiology of HIV in the United States*, at Table 3 (2003), *available at* http://hivinsite.ucsf.edu/InSite-KB-ref.jsp?page=kb-01-03&ref=kb-01-03-tb-03&no=3.

[13] *See* Centers for Disease Control and Prevention, *HIV in the United States: At a Glance* (last updated March 12, 2014), *available at* http://www.cdc.gov/hiv/statistics/basics/ataglance.html.

[14] A 2011 study, the HPTN 052 study, found that HAART reduced the risk of transmission by 96%. *See HPTN 052, Fact Sheet: Initiation of Antiretroviral Therapy (ART) Prevents the Sexual Transmission of HIV in Serodiscordant Couples*, HIV PREVENTION TRIALS NETWORK (July 2011), http://www.hptn.org/web%20documents/HPTN052/HPTN%20Factsheet_InitiationART4Prevention.pdf.

[15] A study, known as the PARTNER study, is currently ongoing in Europe. The study is funded by the National Institute for Health Research in the UK. As of March 2014, interim results show a transmission rate of zero, as no incident of transmission has been reported. The study is still ongoing and final results are not yet available. *See* Allison Rodger, et. al., *HIV transmission risk through condomless sex if the HIV positive partner is on suppressive ART: PARTNER study*, Presentation at CROI, Boston (Mar. 3-6, 2014), http://www.chip.dk/portals/0/files/CROI_2014_PARTNER_slides.pdf.
D. Donnell, et al., *Heterosexual HIV-1 Transmission After Initiation of Antiretroviral Therapy: A Prospective Cohort Analysis*, 375 Lancet 2092, 2095 (Jun. 2010) ("ART use by HIV-1 infected participants was associated with a 92% reduction in risk of transmission"); *see also* HHS Guidelines at A-1 ("[E]ffective treatment of HIV-infected individuals with ART is highly effective at preventing transmission to sexual partners."); *id.* at E-1 ("[H]igh plasma HIV RNA is a major risk factor for HIV transmission and use of effective ART can reduce viremia and transmission of HIV to sexual partners.").

[16] HHS Guidelines at I-20 ("In pregnant women, an additional goal of therapy is prevention of perinatal transmission of HIV with a goal of maximal viral suppression to reduce the risk of transmission of HIV to the fetus and newborn. . . .").

[17] HHS Guidelines at E-4 ("The expanded use of ART to treat individuals with CD4 counts >500 cells/mm^3 has also demonstrated public health benefits . . . because the risk of HIV transmission is associated with level of viremia, from a public health standpoint, this reduction in community viral load can potentially reduce new HIV infections at the community level.").

[18] HHS Guidelines at i-ii ("Antiretroviral therapy (ART) is recommended for all HIV-infected individuals to reduce the risk of disease progression . . . ," including patients with a CD4 cell count >500/mm^3. "The recommendation for initiation of ART in patients with early infection . . . should be offered . . . .").

[19] HHS Guidelines at E-1 ("[Delaying treatment causes] cardiovascular disease (CVD), kidney disease, liver disease, neurologic complications, and malignancies.").

mutations will make the virus drug resistant.[20] Furthermore, **due to HIV's high mutation rate, even minor interruptions in the medication regimen can lead to drug resistance, which results in increased viral replication, fewer treatment options, higher transmission rates, reduced functioning of the immune system, higher opportunistic infections.**[21]

Any administrative process that interferes with that medication regimen is a violation of the ADA and will result in medication non-adherence, and subsequent HIV transmission. Medicaid does not provide EHB if its program design, or the implementation of its program design, discriminates based on an individual's age, expected length of life, *present or predicted disability*, degree of medical dependency, quality of life, *or other health conditions*.[22]

To not discriminate, Medicaid programs must allow clinicians to follow widely accepted care and treatment recommendations to provide the standard of care for patients with HIV in the U.S. At a minimum, all recommended drug regimens—including those described as the "alternative" regimens to first-line regimens—should be available and affordable to HIV patients without requiring the use of mail-order pharmacies, prior authorizations or other utilization management techniques that may delay access to treatment. For these reasons, the waiver cannot be approved by CMS.

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[20] HHS Guidelines at H-4 ("Persistent HIV RNA levels >200 copies/mL often are associated with evidence of viral evolution and drug resistance mutation accumulation; this is particularly common when HIV RNA levels are >500 copies/mL.") (footnotes omitted); *id.* at D-1 ("Maximal and durable suppression of plasma viremia delays or prevents the selection of drug-resistance mutations, preserves CD4 T-cell numbers, and confers substantial clinical benefits, all of which are important treatment goals."); *id.* at C-10 ("Transmission of drug-resistant HIV strains is well documented and associated with suboptimal virologic response to initial antiretroviral therapy (ART).").

[21] HHS Guidelines at H-1 ("Discontinuing or briefly interruption therapy in a patient with viremia may lead to a rapid incase in HIV RNA and a decrease I nCD4 cell could and increase the risk of clinical progression"); *id.* at D-2 ("Suboptimal adherence may result in reduced treatment response"); *id.* at I-5 ("A large randomized controlled trial of patient with chronic HIV infection found that treatment interruption was harmful in terms of increased risk of AIDS and non-AIDS events").

[22] 45 C.F.R. § 156.125(a).

V. THE WAIVER CANNOT BE APPROVED BECAUSE IT PLACES HEALTHCARE PROVIDERS AND CHARITABLE ORGANIZATIONS AT RISK OF CIVIL MONETARY PENALTIES AND CRIMINAL PENALTIES.

Ohio Revised Code Section 5166.402 attempts to authorize employers and non-profit organizations to make contributions to an enrollee's buckeye account. Those funds would then be used by the individual to pay for services delivered under a federally funded health care program.

42 U.S.C. 1320a-7a states in part:

> (a) Any person (including an organization, agency, or other entity, but excluding a beneficiary, as defined in subsection (i)(5) of this section) that—
> ***
> (5) offers to or transfers remuneration to any individual eligible for benefits under subchapter XVIII of this chapter, or under a State health care program (as defined in section 1320a–7(h) of this title) that such person knows or should know is likely to influence such individual to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, under subchapter XVIII of this chapter, or a State health care program (as so defined);
>
> ***
> shall be subject, in addition to any other penalties that may be prescribed by law, to a civil money penalty of not more than $10,000 for each item or service ***.
>
> ***
> In addition the Secretary may make a determination in the same proceeding to exclude the person from participation in the Federal health care programs (as defined in section 1320a–7b (f)(1) of this title) and to direct the appropriate State agency to exclude the person from participation in any State health care program.

Any non-for profit that makes a contribution to a Buckeye Account under Revised Code Section 5166.402 will be subject to civil monetary penalties.

Additionally, 42 U.S.C. 1320a-7b states in part:

> (b) Illegal remunerations

(1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind—
(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or
(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

The statute, and proposed waiver encourages practices that may constitute serious violations of federal criminal law. Many hospitals, clinics, and other similar entities are non-profits. This statute would suggest that they would be permitted to make contributions to the individual's account. That simply is not correct. Further, there are no systems in place to track donations and then retroactively audit entities that may have a connection to the donor source to determine if there was some unlawful inducement or hidden unlawful referral. Until assurances that such a system is in place, the waiver cannot be approved. Finally, if a state agency administers an account and allowed the deposit of an illegal remuneration, then the state agency would be complicit in the illegal remuneration. For all of these reasons, the waiver cannot be approved by CMS.

VI. THE BUCKEYE ACCOUNT DOES NOT COMPLY WITH THE INTERNAL REVENUE CODE.

The deposits to the Buckeye Account fall within the Medicaid definition of unearned income under 5160:1-3-03.1 and therefore donations to such accounts by any person or entity other than the enrollee must be used to evaluate income eligibility for Medicaid. For certain individuals, deposits into the Buckeye Account could raise their income over the eligibility threshold for Medicaid. They will be disenrolled. For that reason, the waiver cannot be approved by CMS.

Further, the income is also taxable income under the Internal Revenue Code because the Buckeye Account does not qualify as a tax exempt Health Savings Account.

There are four federal requirements to be eligible for HSAs:

1. A person must be covered simultaneously by a qualified "high-deductible" health insurance policy (HDHP).
    a. For 2015, and 2016 participants in qualified HDHPs are required to pay the first $1,300 of their medical expenses ($2,600 for family coverage) before insurance benefits begin. (Conventional insurance plans, whose participants cannot contribute to HSAs, typically have had deductibles of about one-third to one-half these amounts; however many new health plans sold through ACA health exchanges have deductibles of $1,000 to $6,000 for 2014 through 2016.)
2. The HSA enrollee cannot be covered by any other health insurance plan, such as a spouse's plan.
3. The HSA enrollee must be under age 65.
4. The HSA enrollee cannot be claimed as a dependent on someone else's federal income tax return.

With that framework, the accounts under this waiver will not satisfy the first requirement because Medicaid is not a high deductible insurance policy. Some Medicaid enrollees have other insurance coverage so for them the second requirement would not be satisfied. There may be some parent caretaker relatives over the age of 65, and if so the third requirement would not be met for them. And finally there will be certain 18 year olds and certain students under the age of 24 that can be claimed as dependents.

Setting aside the dubious notion of allowing non-for-profit medical service providers to make payments to their customer's HSA, the HSA is in fact, not an HSA at all and has no tax exemption under the internal revenue code.

26 USC 63 states in part:

(a)In general

> Except as provided in subsection (b), for purposes of this subtitle, the term "taxable income" means gross income minus the deductions allowed by this chapter (other than the standard deduction).

We were unable to find any deductions or exemptions for the Buckeye Account in the Internal Revenue Code in the area of "income". To comply with federal law, it would appear that the state or other entity managing the accounts would have to establish some manner of reporting for the IRS.

Additionally, we were also unable to find any tax exemption in the Ohio Revised Code for such an account.

Finally, if there were any doubt that this would be income, section 4.8 sets out the process for placing all funds into a bridge account for use after a person is disenrolled from Medicaid. We were unable to find any tax exemption for "bridge accounts" at the state or federal level. For all the above reasons, the waiver cannot be approved by CMS.

VII. THE PROPOSED WAIVER CANNOT BE APPROVED BECAUSE IT WOULD ELIMINATE A MANDATORY ENTITLEMENT.

The proposed waiver cannot be approved because it infringes on a constitutionally enforceable right for any individual described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. The Medicaid expansion is optional for the state only in the context of federal enforcement under 42 U. S. C. §1396c. It is not optional for the state in the context of individual enrollee entitlement. The following explains why the mandatory categorical entitlement still exists and is still an enforceable right of individuals.

Federal-state cooperative programs that are enacted under the federal spending power, like Medicaid, fall within the Supremacy Clause and are the supreme law of the land. See Pennhurst State School and Hosp. v. Halderman, 451 U.S. 1 (1981).

Under the legal fiction developed in Ex Parte Young, 209 U.S. 123 (1908), a suit claiming violation of the constitution of a federal law by a state official is not barred by sovereign immunity. The requested injunctive relief can seek an order for the state official to comply with the law.

42 U.S.C. § 1983, creates a cause of action against any person who under color of state law deprives an individual of "any rights, privileges, or immunities secured by the Constitution and laws" of the United States.

Pursuant to § 1983, the Supreme Court has recognized a private right for suit and has outlined a framework to evaluate such claims. See Blessing v. Freestone, 520 U.S. 329 (1997).

Thus, the Medicaid Act's allowance for the Secretary of HHS to withhold funding to states in noncompliance with the Act under Section 1396c of the Act is not expressly the exclusive remedy under the Act.

In the matter of National Federation of Independent Business v. Sebelius,567 U.S. (2012), 183 L. Ed. 2d 450, 132 S.Ct. 2566 the U.S. Supreme Court considered the limitations on the authority of Congress to enact laws under the Spending Clause of the United States Constitution. The Spending Clause grants Congress the power "to pay the Debts and provide for the . . . general Welfare of the United States." U. S. Const., Art. I, §8, cl. 1. The specific provision in question was the enactment of section 1902(a)(10)(A)(i)(VIII) which established the mandatory covered group commonly referred to as Medicaid expansion.

The public generally speaking consider the holding in National Federation to have made the "mandatory" group, an optional group that states could choose to not implement. That general view is incorrect.

The court analyzed the limits on Congress under South Dakota v. Dole, 483 U.S. 203 (1987). In South Dakota v. Dole, the court raised the idea that congressional action that rose to the level of

"coercion" could render an enactment unconstitutional. In the National Federation case, the Supreme Court concluded that if a state refused to implement Medicaid expansion, the threat of the Secretary withholding all Medicaid funds under 42 U. S. C. §1396c constituted coercion. On that basis the Court ruled that the Secretary was prohibited from applying §1396c to withdraw existing Medicaid funds for failure to comply with the requirements set out in the expansion. Finally, the Court noted that this fully remedied the constitutional violation and that all other provisions of the Medicaid act remained unaffected by the ruling. Having removed the provisions that raised the bar of "coercion", this leave all other aspects of the Social Security Act intact.

We believe this leave individuals with a remaining private right of enforcement under 42 U.S.C. 1983 to maintain their full entitlement to coverage under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, because the financial inducement that amounted to coercion is no longer present, and because the Supreme Court holding expressly does not elimination, or even address, individual entitlement to coverage. Stated simply, section 1902(a)(10)(A)(i)(VIII) is still a mandatory categorical covered group, that can only be enforced by the intended beneficiary of that provision.

CONCLUSION

Because the terms of the statutes authorizing the Healthy Ohio Waiver are non-negotiable, and because the statutes are patently in conflict with federal law, we urge the Center for Medicare and Medicaid Services to reject the waiver out right.

Respectfully,

Patrick Beatty, Esq.
Chief Public Policy & Government Affairs Officer
Director Ohio AIDS Coalition
patrickbeatty@equitashealth.com

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Carmella Rose
Health Foundation

Helping you navigate
the healthcare system

Healthy Ohio Program 1115 Demonstration Waiver 4/13/16
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy,

We are writing to express our outrage about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

The Carmella Rose Health Foundation is a non-profit 501(c)(3) community organization located in Cleveland, Ohio. We provide Medicaid enrollment, education and one on one navigational services to connect the underserved to the medical and social service resources they so desperately need. We see firsthand, clients with severe mental health issues, illiteracy, homelessness and unstable housing, post-prison populations, and multiple chronic diseases that have gone unchecked for decades. Now that these communities finally have medical care and coverage, they will in essence lose their benefits if this waiver is put in place!

Our opposition to the 1115 waiver as written stems from our fundamental belief that every Ohioan deserves both the medical care and actual coverage necessary to obtain such care. For approximately 1.6 million in Ohio, this health coverage comes through Medicaid. We also speak from experience, as our foundation has been helping the underserved communities in the greater Cleveland area apply for Medicaid since Ohio's Medicaid expansion in late 2013. We continue to work exclusively with these populations on a daily basis, helping them at 40 plus sites. We are both recognized and trusted as a Medicaid resource in our area, and as such, confident in our ability to voice a serious concern for the potential impact of such a waiver.

Our specific concerns address the following areas of interest to CMS:

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No, the small monthly fee being charged to even the poorest patients can be a burden for folks living paycheck to paycheck with unexpected emergency expenses. In addition, we work with numerous people who have no income at all. The availability of Medicaid and all of its health care benefits will be lost for so many people that have no ability to cover these new costs, nor any idea where to go for possible assistance with these costs. The fact that the amount sought by each participant seems small and reasonable to most, is of no difference to so many people who literally have no means to pay anything.

Carmella Rose
Health Foundation

Helping you navigate the healthcare system

Does the waiver improve health outcomes for Medicaid and other low income populations?

- Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly 'contributions' under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates.
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and more importantly, complex to use and understand. In addition, more record-keeping and document use for a population that struggles constantly with theft, loss and replacement issues, will cause a never-ending cycle of closed accounts, replaced accounts, replaced cards, etc., all for a population that often struggles with providing reliable contact information. We foresee an undue amount of already precious navigational time, being spent on account issues rather than the ultimate concern and goal of actual Medicaid assistance. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. Accordingly, the efficiency and quality of Medicaid help will suffer.

In conclusion, the Carmella Rose Health Foundation respectfully requests your reconsideration of this waiver. As an entity that works daily with the underserved in our area, we are committed to their health and well-being. As Ohioans, we should all share this goal. As such, access to health care would be severely impeded with the approval of this waiver, and therefore, we most strongly urge that it not be adopted.

Respectfully,

Carmella Rose Health Foundation

Ginny Pate

Ginny Pate, Executive Director

Terri L Johnson

Terri Johnson, Patient Navigator

Barb Wynveen, Patient Navigator

Janice Zweigart, Patient Navigator

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

April 28, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low income Ohioans – and that it will be a costly, unnecessarily bureaucratic challenge to implement. In my opinion, this action is designed to undo the commitment Ohio made to many of its low income, working poor citizens when it first expanded Medicaid.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example). I saw the challenge of these choices in my 35 years working with families of limited income. Just imagine if you and I had to choose between replacing a defunct hot water tank or paying a premium to ensure health care;
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

These changes would negatively impact Ohio's low-income Medicaid population. They will create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Sincerely,

Diana Woodbridge

Diana Woodbridge
12620 Cedar Road
Cleveland Heights, OH 44106

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Jerry Maria Lucas

DIRECTOR, MATT TALBOT
PRIMARY RESIDENTIAL
TREATMENT

The Free Medical Clinic of Greater Cleveland

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May 12, 2016

Director John McCarthy
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Re: **Healthy Ohio Program 1115 Demonstration Waiver**

Dear Director John McCarthy:

The Free Medical Clinic of Greater Cleveland (The Free Clinic) has been dedicated to the work of meeting the health care needs of the underserved for 45 years. During the majority of those years, our services were directed exclusively to individuals who had no health insurance coverage. With the advent of the Affordable Care Act, and the anticipation that many of our patients would have access to some form of insurance options and/or coverage, Free Clinic leadership made the decision to change our business model to be able to accommodate billing for services provided to our patients. In June of 2012 we made the transition to becoming a Federally Qualified Health Center (FQHC).

In October of 2013, not only were we billing for health care services, but we were empowered to work with uninsured individuals and families to enroll them in Ohio's Health Insurance Marketplace plans with additional monies provided by the Health Resource Services Administration (HRSA) designated specifically for that purpose.

In January 2014, not long after the Outreach and Enrollment program was launched, Governor Kasich made expanded Medicaid available to Ohioans, opening insurance coverage doors to hundreds of thousands more people. As an FQHC we have the added advantage of being able to authorize presumptive eligibility so that patients can readily receive needed care before Medicaid can fully complete the new application.

Given the patient population we had always served, we were not surprised that when put to the eligibility test, the majority of our patients qualified for Medicaid plans rather than the state's Marketplace Exchange. Extended Medicaid was a great boon to our patients, and we appreciate the governor's efforts to make this access a reality for them. However, some of the proposed changes to the Medicaid program outlined in the Healthy Ohio 1115 Demonstration Waiver cause us concern.

First, it is noteworthy that convincing some of our patients to enroll in Medicaid at all was a tough sell. Many people feel that the program is a form of welfare and do not want to consider themselves welfare recipients. More than half of our patients are employed, some in multiple jobs, but low-paying jobs without

benefits. The Marketplace Exchange is not an affordable option for many of them. So it was disappointing when many of them, after several meetings about the merits of coverage, relented and enrolled in Medicaid only to be informed soon after that they were no longer covered.

In January 2015, our health center was inundated with phone calls and people dropping in to find out why their Medicaid coverage had been revoked. In most instances, coverage had been discontinued because the given individual had failed to reenroll, a requirement they were informed about via letter. Because many of our patients are fairly transient, many did not receive the letter as they were no longer residing at the address on their Medicaid application. Often their first indication that something was wrong was when their Medicaid card was denied at a medical appointment, or when trying to pick up and pay for a prescription. The reenrollment requirement, while in theory not terribly complicated, was in practice a fiasco and resulted in the Ohio Department of Medicaid (ODM) settling a lawsuit after 150 thousand Ohioans lost coverage due to the ineffective outreach associated with the federally mandated redetermination process.

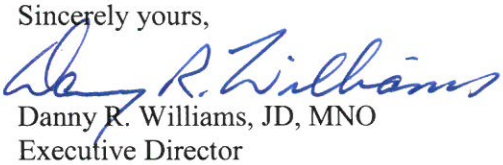
We fear that the far more complex procedures contained in the Healthy Ohio plan, particularly monthly premium payments, will cause many of our patients to fall out of Medicaid coverage. Individual Health Savings Accounts would be an alien concept indeed to our patients who do not hold bank accounts and a whole new layer of training would be required for those assisting people to enroll in Medicaid. More than infusing personal responsibility into the Medicaid program, this "skin in the game" approach would potentially impose heavy new responsibilities on a host of agencies and providers to try to shepherd enrollees through the new compliance rules. ODM has vaguely outlined the need to reach out to beneficiaries to explain the new system and it does not delve into the potential costs to ODM, payers, providers, or anyone else who may be involved in this new program of eligibility.

We believe that sufficient evidence has been gleaned from states that have already tried strategies similar to those contained in the 1115 Waiver that Ohio need not put our most medically vulnerable citizens at risk of losing vitally needed health coverage. In our view, Healthy Ohio would only harm the ability of the successfully expanded Medicaid population to retain benefits. As presented, Healthy Ohio would likely result in a large disenrollment of currently covered beneficiaries through a set of intricate cost-sharing policies focused on a population largely unable to meet the financial and logistical requirements of the proposal.

When Governor Kasich convened the Controlling Committee in October of 2013 to pass Medicaid expansion, he said he believed it was simply the right thing to do. And as Robert Laszewski, a contributor to Forbes online recently wrote, "*Presidential candidate John Kasich (R-Ohio) has taken a lot of criticism on the campaign trail for expanding Medicaid under Obamacare. But if his Medicaid expansion isn't an extraordinary example of successful conservative governance I don't know what would be.*"

We believe that the changes proposed in the 1115 Waiver would do more harm than good to both patients who, in many of the cases we see, are just beginning to understand and trust the Medicaid program, and to the overall costs of the program by requiring far more administrative resources for implementation and oversight. We strongly recommend that, at a minimum, the ODM remove HSAs from the Waiver and at best, withdraw the Waiver altogether.

Sincerely yours,



Danny R. Williams, JD, MNO
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Gail Long
17012 Lomond Blvd.
Shaker Hts. OH 44120

May 11, 2016

John McCarthy, Director
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Fl.
Columbus OH 43215

Dear Director McCarthy,

As a taxpayer in the State of Ohio I feel it is important that I express my concerns about the 1115 Waiver that is being submitted to the Federal Government for approval. As currently written I do not feel that it will meet the current criteria used to judge the merits of such a waiver. The Healthy Ohio Plan does not increase coverage; it will not increase the current provider network, it will not improve health outcomes; it will not increase efficiency or quality of care and it will not be budget neutral.

Increase coverage: Ohioans earning between 100 and 138% of the Federal Poverty Guidelines will not be able to pay into a health savings account. For people earning $7.88 an hour, an $8.25 monthly co-pay will be impossible to pay once rent, food, clothing and transportation are taken into consideration. The expansion of Medicaid as proposed by Governor Kasich and approved by the State Controlling Board was a "godsend" for thousands in the State who previously had not been able to afford health care coverage of any kind. The Department of Medicaid states itself in the Waiver application that people will drop off because of this expense. This is a **decrease and not an increase** in coverage.

Increase in provider network: Presumptive eligibility will decrease the number of providers willing to accept Medicaid patients. Elimination of the 90 day period for which Medicaid currently pays medical expenses prior to the application date is detrimental for both the consumer and the provider. Without this provision, both will be faced with financial stress.

Improvement of Health Outcomes: For those who have been dropped from the Healthy Ohio Program due to past due co-pays, the emergency room will once again become their provider of choice. These individuals will seek care when they are sick and will not engage in preventive care or follow up on necessary care, including medication, because they cannot afford it. This

will do nothing to improve health outcomes and will in my opinion continue to increase the gap between the rich and the poor when it comes to health outcomes.

Increase efficiency or quality of care: Administrative efficiency will be compromised. How will the co-pays be collected from people who do not have bank accounts? Whose responsibility will it be to collect the co-pays - banks, managed care organizations, the Department of Medicaid? As proposed, the health savings account mechanism will be extremely complicated and difficult to both administer and monitor. Keeping track of the health savings account will most certainly take precedence over the quality of care one receives as collecting money from people who cannot afford it and kicking them off of Medicaid if they do not pay seems to be the priority.

Budget neutral: How can something be budget neutral when such a huge layer of administrative work will be necessary? Perhaps the hope is that so many people will be dropped from the program and in that way, money will be saved.

Thank you for the opportunity to submit my thoughts and opinions.

Gail Long

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,
Gretchen R. Reynplds

Address: _3346 East Fairfax Road_____

Cleveland, OH zip ___44118_____

DEPT. OF MEDICAID
2016 MAY 19 AM 11:20

To: Ohio Department of Medicaid

From: MICHAEL COLSON
47 E McMicken #8
Cinti Oh 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4·28·16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: MICHAEL COLSON

Sign your name: Michael Colson

DEPT. OF MEDICAID

2016 MAY 19 AM 11:20

To: Ohio Department of Medicaid

From: Anthon Weathersby
45 E McMicken
Cinti Oh 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/28/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: ANThon Weathersby

Sign your name:

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Robert Franklin
47 E McMicken #3
Cinti Ohio 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/26/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Robert FRANKLIN

Sign your name: Robert Franklin

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Freddie Calloway
47 E McMicken #7
Cinti Oh 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/26/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Freddie Calloway

Sign your name: Freddie Calloway

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Mike Brucato
4968 Western Hills Ave
Cinti, Ohio 45238

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/26/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Mike Brucato

Sign your name: Michael A. Brucato

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Derek Heimbold

45 E McMicken Apt 5

Cincy OH 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/26/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Derek Heimbold

Sign your name: D

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Lori Brucato

4968 Western Hills Ave

Cinti Oh 45238

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/25/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Lori Brucato

Sign your name: Lori Brucato

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Nathaniel Hornsby
47. East McMicken Ave #11
Cincinnati, Ohio 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 25 April 2016

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Nathaniel Hornsby

Sign your name: Nathaniel Hornsby

DEPT. OF MEDICAID

2016 MAY 19 AM 11:21

To: Ohio Department of Medicaid

From: Ronald O'neal
210 Charles #6
Cinti Ohio 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 25 April 2016

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: RONALD O'Neal

Sign your name: Ronald, O'Neal

To: Ohio Department of Medicaid

From: Gregory Zeisler
45 E. McKinstry Ave, #2
Cincinnati, OH 45202

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 04-25-16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

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I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Gregory Zeisler

Sign your name: Gregory J. Zeisler

OHCA
OHIO HEALTH CARE ASSOCIATION

55 Green Meadows Drive South
PO Box 447
Lewis Center, OH 43035
P: 614.436.4154 / F: 614.436.0939
www.ohca.org

To: Ohio Department of Medicaid, Bureau of Health Plan Policy

Re: Healthy Ohio Program 1115 Demonstration Waiver

The Ohio Health Care Association has reviewed the Healthy Ohio Program 1115 Demonstration Waiver application and appreciates the State's decision to exclude the Aged, Blind and Disabled (ABD) eligibility group from this demonstration waiver. However, the eligibility group proposed to be covered by this program, includes those who may need long-term care services and supports, as covered by section 2.5 of the application. This will add yet another payer source for our members who are already entrenched with multiple payer sources (Medicare PPS, Bundled Payment Systems, ACO's, traditional Medicaid FFS, Medicaid Managed Care, MyCare, Private Pay, etc.). Adding another payment model to the already complex billing process that long-term care providers are currently struggling with adds administrative costs and could continue to exacerbate the cash flow issues that many providers are facing.

On a related note, the demonstration waiver application also mentions that the state will "conduct a competitive managed care procurement to select the Healthy Ohio Program managed care plans." OHCA has worked closely with the MyCare Ohio Plans and have identified many errors in billing/payment due to either the provider or the plan being confused about what type of coverage exists for the person receiving services. Several of the same plans participate as both Medicaid Managed Care plans and MyCare Ohio plans. The addition of Healthy Ohio managed care plans is bound to cause further confusion for plan employees, providers and people receiving services, which ultimately leads to misunderstandings of coverage, delays in payment or even denial of payment for services provided.

The last part of the application that we would like to comment on is probably the most concerning. Section 2.6 of the application states "The Healthy Ohio Program proposes to eliminate the retroactive eligibility period for all enrolled populations." As providers of long-term care services and supports, our members provide critical services and supports for people who are not able to care for themselves. Our members typically provide these critical services first and then work with the patient to determine what type of coverage for payment exists. Our members often are the ones to assist people with their applications for Medicaid coverage. Retroactive eligibility is a key component to ensuring that people with critical care needs receive timely services, while still ensuring that providers receive payment for the services provided. Retroactive eligibility also enables people to transition from more costly hospital settings sooner, which provides a savings to taxpayers. OHCA is currently working with the Department of Medicaid to ensure payment for services for individuals who will require qualified income trusts under the upcoming changes to Medicaid eligibility. We also advocate for the continued use of retroactive eligibility for people that fall under this eligibility group. Allowing recipients under this program to make retroactive contributions to the Buckeye Account would provide coverage during the retroactive eligibility period while still achieving the goals of the Healthy Ohio Program.

We appreciate the opportunity to provide comments on this waiver application. If you have questions regarding these comments, please contact Debbie Jenkins at #614-540-1333 or DJenkins@ohca.org.

North Coast Health
A faith-based charitable clinic

p 216.228.7878
f 216.529.5051
16110 Detroit Ave.
Lakewood, OH 44107

northcoasthealth.org

To: Ohio Department of Medicaid

From: Regina Gavlak, North Coast Health; 16110 Detroit Avenue, Lakewood, OH 44107

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 13, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

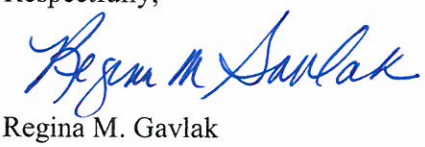
North Coast Health (NCH), a faith-based charitable clinic, in collaboration with community partners provides quality health care and optimizes access, prevention, wellness and education. Located in Lakewood, Ohio, NCH serves low income adults and adolescents who are unable to afford, or access, medical care; including individuals who are uninsured, underinsured, Medicaid and Medicare beneficiaries. In 2015, NCH provided care to 2,193 individuals. Of these, 1,291 patients were insured with 1,052 patients (81%) having Medicaid.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums. Disruption in services is costly to the individual, healthcare systems and taxpayers.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,



Regina M. Gavlak
President and CEO

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[1]Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[2]Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

[3]Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

1226 Huron Road East
Cleveland, Ohio 44115
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800.362.2628 toll free
216.696.1875 fax

The leading advocate for Northeast Ohio hospitals

May 12, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, OH 43218

Dear Director John McCarthy:

The Center for Health Affairs is a nonprofit hospital association representing 36 providers across Northeast Ohio. This year marks The Center's century-long commitment to its work advocating for policies to eliminate barriers to healthcare, improve the quality of services delivered and reduce the costs associated with delivery of such services. While located in Cleveland, OH, The Center has long supported policies to improve healthcare delivery across the region, state and nation. The Center appreciates the opportunity to submit comments to the State of Ohio Department of Medicaid (ODM) on the Healthy Ohio 1115 Demonstration Waiver (Healthy Ohio) on behalf of our hospital members.

It is undeniable that the Ohio Department of Medicaid, under the direction of Governor Kasich, has made tremendous strides in transforming the Department and streamlining services, and for that, The Center commends the Department's work. Chief among its accomplishments is successfully implementing Medicaid extension in Ohio, which resulted in healthcare coverage for over 625,000 low-income residents. Additionally, the Governor's Office of Health Transformation has made momentous changes to healthcare delivery in the state in its efforts to modernize the Medicaid program, rebalance home and community-based services and innovate payment to incentivize value over volume.

It is our belief that Healthy Ohio endangers the long-term success of these laudable reforms. We understand, of course, that the Department is satisfying their legal obligation to the legislature by adequately responding to the prescriptive language included in H.B. 64. With that in mind, the following recommendations should be taken as cautionary advice – to both the Administration and the Ohio General Assembly – as to how to avoid damaging the integrity of one of Ohio's most crucial programs.

The following comments will examine the core tenants of the Healthy Ohio waiver in contrast to the 1115 Demonstration Waiver criteria set forth by the U.S. Center for Medicare and Medicaid Services (CMS). Careful examination makes clear that components of the Healthy Ohio waiver violate most, if not

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all, of the core objectives specified as part of Section 1115 Demonstration Waiver Criteria, especially as they relate to access, coverage, outcomes and quality of healthcare delivered to Medicaid recipients.

Section 1115 Demonstration Waiver Criteria

I. Increase and strengthen overall coverage of low-income individuals in the state;
II. Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
III. Improve health outcomes for Medicaid and other low-income populations in the state;
IV. Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks;
V. Remain "budget neutral" to the Federal government

Healthy Ohio Goals and Objectives

I. Promote member engagement in health and personal responsibility, including the appropriate use of healthcare services;
II. Increase the use of preventive services by members;
III. Increase provider engagement in member healthy behaviors;
IV. Increase the number of commercially insured individuals

Access

The current version of the Healthy Ohio proposal has many admirable concepts ostensibly designed to improve healthcare in the state. For example, creating a Health Savings Account (HSA), known as the "Buckeye Account," to encourage greater personal responsibility by allowing patients to manage their own healthcare dollars is, on its face, a sound concept. However, using a Buckeye Account as a mechanism to deprive patients of coverage will, in fact, undermine the progress and improvements Ohio has made in its Medicaid program.

Premiums & Cost-Sharing

In Section 1916A of Title XIX, the Social Security Administration provides clear guidance with regard to the use of enrollment fees, premiums, deductions and cost sharing agreements for states' Medicaid plans.[1] As noted by the Center on Budget and Policy Priorities and others, the statute limits the extent to which states can charge premiums and cost-sharing to beneficiaries with incomes below 150 percent of the Federal Poverty Limit (FPL), presumably because beneficiaries with low incomes cannot afford to pay for care.[2]

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Research has shown that charging Medicaid recipients premiums to access care actually decreases enrollment. According to ODM's own estimates, of the over 1.5 million Ohioans who will be affected by Healthy Ohio, 125,875 are expected to lose access to healthcare coverage during the program's first year.[3] As the demonstration continues, ODM expects the percentage of Medicaid-eligible people that choose not to enroll in Medicaid to increase to nearly 140,000 by 2022.

ODM's projections reflect what years of research already tell us: premiums and enrollment fees act as barriers to healthcare coverage for low-income groups.[4] In fact, the U.S. Department of Health and Human Services just last year released a report highlighting the implications for medical cost sharing among low-income populations.[5] Their results concluded:

i. Low-income individuals are especially sensitive to even nominal increases in medical out-of-pocket costs, and modest copayments can have the effect of reducing access to necessary medical care.
ii. Medical fees, premiums, and copayments could contribute to the financial burden on poor adults who need to visit medical providers.

In both Oregon and Utah, states approved by CMS to raise premium payments, Medicaid enrollment decreased after implementation. In 2003, nearly half of Oregon's Medicaid beneficiaries stopped using the program after premiums were collected.[6] As for the "Healthy Indian Plan (HIP) 2.0," in many ways the model for Healthy Ohio, early reports have noted several problems with regard to premium collection; specifically how the state calculates payments for those making little or no income.[7]

Enrollment & Benefit Management

In addition to the financial worries created by premium payments, the issue of eligibility determination and HSA management needs attention as well. As beneficiaries are required to adapt to a new system of determination – one contingent on their monthly contribution – some type of formal education ought to be offered to patients, providers and case management organizations. As pointed out by the Center for Community Solutions, ODM just last year was forced to settle a lawsuit after 150,000 Ohioans lost Medicaid coverage due to the failure to communicate changes in the redetermination process.[8] The Center for Health Affairs echoes this concern and views extensive outreach and education as crucial if ODM expects a new premium to be understood and paid by beneficiaries.

Finally, with regard to eligibility determination, the Healthy Ohio proposal mandates if an enrollee fails to make a required monthly payment within 60 days of its due date, it will result in disenrollment. If increasing the use of preventive services and encouraging healthy behavior are fundamental objectives of Healthy Ohio, then denying access to a primary care physician (PCP) due to a failure to submit a monthly contribution seems counterintuitive. Additionally, the administrative burden of, and costs

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associated with, reenrolling a beneficiary have yet to be clearly outlined. Presumably, State and County Job and Family Services Departments will be tasked with reinstating Medicaid coverage and ensuring a patient's Buckeye Account is up-to-date. Regardless of the entity tasked with the administrative responsibility of managing the account, verifying contributions, as well as managing the funds, is likely to dissuade beneficiaries from accessing care.

While CMS continues to allow certain states to charge their Medicaid beneficiaries premiums to access services, doing so in Ohio would be a mistake. Since the implementation of Medicaid extension in 2014, more than 625,000 Ohioans have gained access to healthcare coverage.[9] Additionally, due in large part to the Patient Protection and Affordable Care Act (PPACA), Ohio's uninsured rate is at an all-time low. Creating an additional barrier to access for low-income populations by way of a monthly premium contribution nullifies the progress of so many monumental reforms in healthcare. The Center strongly urges ODM to reconsider requiring premiums as a prerequisite to accessing care.

Delivery

Healthy Ohio, as proposed, creates serious impediments in the delivery of healthcare services to low-income populations. As it pertains to CMS' criteria for 1115 Demonstration Projects, Healthy Ohio does not meet the requirements to "increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income population in the state," nor does it "increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks." Healthy Ohio would bring tremendous instability to an often delicate provider-patient relationship and, furthermore, would do more to dismantle existing service delivery networks than it would to strengthen them.

Continuity of Care

Providers in Northeast Ohio have a long history of working collaboratively to manage patient populations and improve the health status of their citizens. Acute care hospitals, social service agencies, Federally Qualified Health Centers (FQHCs) and many other institutions contribute to this region's robust healthcare delivery network. Healthy Ohio threatens the very existence of this network by removing a crucial component of delivery: coverage. Sustaining Medicaid coverage should not be bogged down by bureaucratic barriers. For patients, withholding benefits is likely to deter them from seeking care at all and, once care is sought, it is even more likely to take place in an uncoordinated, high-cost setting. For providers, caring for patients whose insurance status is unpredictable makes it particularly difficult to manage a patients' health.

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The uncoordinated healthcare delivery promoted by Health Ohio will damage the quality of care patients receive and negatively impact their own personal health. For many years, hospitals have stressed the importance of maintaining the continuity of care in order to manage a patient's health. Research has shown that churning between different types of coverage precipitates discontinuity of care.[10] If approved, Healthy Ohio is likely to worsen the quality of care delivered over time, since care teams will no longer have the ability to manage the quality and costs of services delivered if the patient is no longer engaged in his or her own healthcare.

Health Outcomes

Not only will Healthy Ohio serve to increase discontinuity of care but it will also negatively impact health outcomes. It is well known that regular visits to a PCP can produce better health outcomes over time, since access to preventive healthcare is crucial to managing a patient's health. In fact, one of the stated goals of the Healthy Ohio proposal is to increase the use of preventive services by Medicaid beneficiaries. The Center argues, along with many others, that the current proposal would decrease – not increase – the utilization of preventive services, as patients would simply not visit their PCP if coverage under the Medicaid program has lapsed. This will have a negative impact on the patient's health and the provider's ability to deliver the services needed to keep beneficiaries healthy.

As was proven in MetroHealth's 1115 Demonstration Project in 2013, patients with reliable health coverage and regular access to PCPs demonstrated significantly improved health outcomes as a result of care coordination.[11] Additionally, the MetroHealth Care Plus program demonstrated that care coordination, in tandem with dependable coverage, significantly decreased the cost of delivering care to low-income populations.

Medicaid extension in many ways replicated the work that had already been done during MetroHealth's Care Plus program. Now, low-income childless adults have access to healthcare coverage through the Medicaid program, which provides patients with regular, coordinated care delivered in the doctor's office, not the emergency department. In addition to controlling costs, delivering healthcare in the appropriate setting has been proven to reduce hospitalizations for chronic conditions.[12] The Center urges the DOM to consider the implications of Healthy Ohio in regards to the patient's continuity of care and the lasting impact uncoordinated care has on a patient's overall health.

Cost

As we have mentioned previously, Healthy Ohio has implications beyond those related to quality and care delivery. It stands to cost consumers, providers and the State of Ohio millions of dollars over the proposed five-year demonstration period.

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Education

Outside of the financial contributions Medicaid consumers will be required to make under Healthy Ohio, the burden of managing their required Buckeye Account has the potential to create additional problems, since 46 percent of Ohioans earning less than $15,000 are unbanked or underbanked, meaning financial literacy is especially low in the state.[13] The expectation that consumers, who lack the financial literacy needed to manage a traditional bank account, possess the skills to operate a new and complex HSA is simply unrealistic.

More likely than not, individuals who do not sufficiently manage their Buckeye Accounts will fall into a financial situation that is worse off than their current status. For years it has been documented that medical debt is among the leading causes of bankruptcy in the United States.[14] The current Healthy Ohio proposal places financially vulnerable consumers at a greater risk of accumulating medical debt, which has a tendency to affect housing, credit card debt and the potential for bankruptcy.[15] Significant education and outreach would be necessary if the DOM expects Medicaid consumers to understand the complexities of the Buckeye Account. In its current proposal, the DOM does not indicate any additional costs associated with such education, which is assumed to mean none will be offered.

Administrative

Outreach and enrollment is only a portion of the overall cost to implement Healthy Ohio. In order to fully operationalize the program, the DOM would have to spend significant resources to develop and train staff in order to perform the administrative tasks that would be created as a result. As pointed out in previous comment letters, the DOM and the Medicaid managed care plans would be charged with tasks such as issuing monthly statements and annual financial contributions to consumers.[16] Layering administrative burdens on top of what is, by most accounts, an already bureaucratic process should raise red flags for government officials attempting to streamline services. While the DOM Healthy Ohio Summary estimates a savings of nearly $1 billion by 2022, the estimates do not take into account the costs associated with administering the program, nor do they mention the dollars Ohio receives as a result of Medicaid extension, which at its current rate brings in over $2 billion annually.[17] If Healthy Ohio moves forward, it is important to accurately represent the administrative costs associated with operating a program, especially since states like Arkansas have seen their costs cut in half after eliminating the use of HSAs and cost-sharing in their Medicaid program.[18]

Premium Assistance

Outside of states' costs, there is a general sense that healthcare providers will be expected to cover a large portion of the costs associated with implementing Healthy Ohio. Should CMS approve Ohio's

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application, hospitals and other healthcare providers in the state will likely be expected to subsidize premium payments for patients who cannot afford to keep their coverage up-to-date. The notion of a third party bearing the responsibility of subsidizing an individual's premium payment stands in direct contradiction to one of Healthy Ohio's core objectives: promoting personal responsibility. If the stated intent of levying premium payments is to motivate patients to take greater personal responsibility for their own healthcare costs, the belief that a third party ought to make premium payments on behalf of an individual undermines that notion.

We urge the DOM to reexamine the true intent of third party premium assistance as we believe this aspect of the Healthy Ohio proposal opens the door to a myriad of issues for the patient-provider relationship. Specifically, when healthcare providers have the potential to be the largest single contributor to an individual's healthcare premium, patients may actually relinquish the power of their own healthcare to that entity, rather than taking a greater personal interest in managing it themselves. The DOM should further examine the provisions in the Healthy Ohio proposal that address premium assistance for Medicaid recipients. As it stands, the current provision is simply a tax on hospitals – one of the state's largest employers – under the guise of a social program designed to provide low-income citizens a ladder out of poverty.

Healthcare Providers

Beyond the expectation that providers subsidize premium payments, healthcare providers, specifically hospitals, stand to lose a tremendous amount of revenue from the elimination of the Medicaid 90-day retroactive eligibility payment. Any patient, irrespective of their insurance status, has the ability to walk through the doors of a hospital and receive treatment. However, if patients are eligible for Medicaid coverage, hospitals have a form of recourse when it comes to payment for the services rendered. If the patient is Medicaid-eligible, the hospital has the ability to begin the process of applying for Medicaid on the day the patient arrives. While approval for Medicaid coverage can take anywhere from 24 hours to several months, determination is generally expected within 90 days. If the application is approved, hospitals – under current Medicaid guidelines – have the opportunity to submit their claims to the DOM and receive reimbursement for the services rendered during the application process on a fee-for-service basis. The retroactive period, lasting 90 days from the submission of the Medicaid application, helps hospitals cover some of the costs incurred but, more importantly, avoids classifying these services as bad debt.

Oftentimes, Medicaid-eligible patients who are uninsured enter the hospital through the emergency department, since they are unlikely to have a PCP with whom to schedule an appointment. These visits are typically spurred by a major health event that is a result of foregone care, which for hospitals means a greater share of resources are required to address the patient's needs. No longer reimbursing

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hospitals for these services will not only create instability in terms of billable services, but it will also have a detrimental effect on revenue cycles.

According to Human Arc, one of Ohio's largest companies providing in-house assistance for insurance enrollment, hospitals across the state stand to lose over $500 million dollars from the elimination of the 90-day retroactive billing period. Here in Northeast Ohio, providers across the region are likely to lose about half of that, between $240 and $280 million, if retroactive Medicaid billing is no longer available. This massive financial blow to healthcare providers will drastically change the way hospitals deliver care and assist uninsured patients in accessing the Medicaid program. Today, many hospitals have in-house programs designed to help Medicaid-eligible patients apply for and receive coverage. The significant amount of revenue hospitals will lose if retroactive billing is no longer an option would likely result in the elimination of these services. Should this occur, it is likely that State and County Departments of Job and Family Services would see a tremendous increase in the volume of applicants through their offices – work that was previously done by hospitals and their hired third-party contractors.

The Center and its member hospitals urge the DOM to reconsider the removal of the 90-day retroactive eligibility payment from its application to CMS. Seeing as how this change was not included in H.B. 64, the DOM has no legal obligation to pursue this modification to the program.

The Center for Health Affairs appreciates the opportunity to comment on the Healthy Ohio proposal and its potential impact on the citizens of Ohio. This proposal would diminish the hard work of the DOM in recent years to increase access to, and improve the delivery of, healthcare in Ohio. Furthermore, as home to the largest population of Medicaid enrollees in the state, we stress the importance of preserving our healthcare delivery system in Northeast Ohio to ensure low-income populations continue to receive the care they deserve.

Regards,

Bill Ryan

President & CEO

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National
Multiple Sclerosis
Society
Ohio Chapters

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
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Email: HealthyOhio@medicaid.ohio.gov

May 13, 2016

Dear Director McCarthy,

On behalf of the National Multiple Sclerosis Society and more than 20,000 Ohioans living with multiple sclerosis, I wish to offer the following comments regarding the Healthy Ohio 1115 Medicaid Demonstration Waiver and urge you to withdraw it or fundamentally revise it.

MS interrupts the flow of information from the brain to the body and stops people from moving. Every hour in the United States, someone is newly diagnosed with MS, an unpredictable, often disabling disease of the central nervous system. Symptoms range from numbness and tingling to blindness, and even paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted. The cause is unknown and there is no cure. Most people with MS are diagnosed between the ages of 20 and 50 and it is the leading cause of disability in young adults. MS affects more than 2.5 million worldwide.

The National MS Society supports the current system of expansion of Medicaid in Ohio, because this model does not place an undue financial burden on beneficiaries, especially those with incomes below the poverty line, and does not set a dangerous precedent that other states may seek to replicate. We, however, oppose the 1115 waiver as written. We are concerned that the proposed changes will decrease access to health care and complicate an already complex system, possibly leading to an increase in Ohio's vulnerable uninsured population by over 600,000. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staff of health care providers serving Medicaid patients, as well as the managed care companies in which the patients are enrolled.

We are also concerned that health outcomes will decline as financial burdens will hinder the clients' ability to pursue and receive care. The monthly 'contributions' under the plan serve as financial barriers. Ohio has proposed a demonstration hypothesis – that "premiums will not pose a barrier to eligible participants enrolling in Medicaid." However, this hypothesis has already been tested many times in other states with the results showing quite the opposite: in those situations which should not be

replicated, premiums and cost-sharing deter people with low incomes from accessing needed medical care. A recent report by the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services detailed this research and also showed that people living in poverty tend to be less healthy and need more medical care than people with higher incomes.[1]

Thank you for your willingness to consider our comments. We hope that significant changes are made to the Waiver proposal so that Ohioans living with MS and other disabilities and chronic conditions can access the Medicaid services they need to live their best lives.

Respectfully,

Holly L Pendell

Sr. Manager Advocacy

National MS Society

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[1] Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," July 16, 2015, http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty

Ohio Alliance of Recovery Providers

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capitolmanagementofohio@outlook.com

May 11, 2016

Re: Comments on Healthy Ohio Waiver Application

Dear Director McCarthy:

Please accept these comments on behalf of the Ohio Alliance of Recovery Providers (OARP). As you may know, OARP is a statewide alliance of treatment and prevention providers from every region of Ohio. OARP members are organized around the guiding principles of increasing access to treatment and developing a recovery-oriented system of care for all of Ohio. OARP members provide residential and outpatient treatment services for adults and adolescents.

OARP opposes the Healthy Ohio waiver for several reasons. First, by requiring certain enrollees to pay into modified health savings accounts or risk a loss of coverage, some of Ohio's most vulnerable citizens will be negatively impacted. Many of these individuals did not have health care coverage prior to Medicaid expansion, and under the terms of the Healthy Ohio waiver, an estimated 130,000 of them would lose the benefit of that much needed coverage. As you know, CMS requires that any Medicaid waiver improve low-income health outcomes. Decreasing access to care and medications by terminating coverage for non-payment of premiums most certainly will not improve low income Ohioans' health outcomes.

In addition, this proposal will further strain the substance use disorder system of care in Ohio. Many of the newly enrolled Medicaid beneficiaries have substance use disorders that are finally being addressed because of the coverage they became eligible for via expansion. This proposal poses a real threat to disrupting treatment and recovery for those individuals. With Ohio's opiate epidemic not predicted to peak until after 2017, now is not the time to disrupt this system of care by moving this population back into the category of uncompensated care.

Finally, as a practical matter, this waiver proposal will not work with such a transitory population. As Ohio Medicaid learned during the reapplication process, many Medicaid consumers are not at their "last known address" and as such miss important information and notices. In this case, a consumer may have the financial ability to pay the premium but may miss the notice to pay because of an undocumented change of address. Ohio should not disrupt a person's health care coverage because of an address change, but that is a real likelihood under this proposal.

Thank you for your consideration of our comments in opposition to the Healthy Ohio waiver. We look forward to moving beyond the Healthy Ohio waiver proposal and returning to working with the Administration on improving health outcomes, particularly in the substance use disorder arena.

Sincerely,

Larry Moliterno
OARP Chairman
President & CEO of Meridian Community Care

May 2, 2016

Dear Director McCarthy,

As a provider of health and human services in Northeast Ohio, and as a citizen of Ohio, I help and create hope for people of every race and religion throughout the Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne. I believe that access to medical care as well as behavioral health care, to include mental health and substance use disorder treatment, among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach for Medicaid by setting new requirements and objectives. I am asking you to address our my grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. I serve this population daily and see the waiver as setting up unrealistic long term requirements individuals will not be able to, or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are overwhelming monthly requirements for compliance that our population most in need will not/cannot or will find unsurmountable to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons I serve as a licensed mental health and substance use treatment provider for a not for profit agency, include parents of young children, mostly mothers and minor children, and poor adults who are working to get ahead - populations with little expendable income until they are able to achieve stability; they are not in a position to prioritize a premium for health care over food and rent. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to barriers for accessing primary medical services, this waiver will affect those needing behavioral healthcare which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that

treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

In short, current Medicaid eligible adults and children will lose Medicaid coverage. The funding which was in place for indigent care has been reduced. Less individuals will seek care until gravely ill or destabilized. The cost to serve them will be greater. As usual, more citizens who have primary health care physician relationships and relationships with mental health providers will have these relationships interrupted. The cost for hospitalization and incarceration will escalate and more destitute individuals will be homeless. We are going backwards.

We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Maureen Dee
1598 Oakwood Drive
Cleveland Heights, Ohio 44121

Catholic Charities Services | Cuyahoga County

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Funded in part by the Catholic Charities Annual Appeal; Ohio Department of Alcohol and Drug Addiction Services; Ohio Department of Mental Health, Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County; Cuyahoga County Juvenile Court; Cuyahoga County Department of Children and Family Services; United Way of Cuyahoga County

Catholic Charities' entities are equal opportunity employers and service providers

DIOCESE of CLEVELAND

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

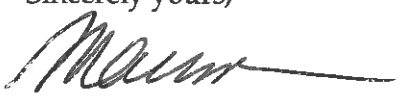
We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?

4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,



Maureen Dee
Executive Director, Treatment, Prevention and Recovery

OHIO ACADEMY OF FAMILY PHYSICIANS

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April 15, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43215

Dear Director McCarthy:

On behalf of the 4,800 family physician, family medicine resident and medical student members of the Ohio Academy of Family Physicians, I write to express extreme concern with the Ohio Department of Medicaid's Healthy Ohio Program 1115 Demonstration Waiver application.

As primary care physicians serving on the front lines of patient care in Ohio, we know firsthand that approval of Ohio's waiver application would be a devastating blow to progress made in providing health care coverage to Ohio's Medicaid and other low-income populations. In fact, the Healthy Ohio Waiver, as written, threatens coverage of over one million adult Ohioans who now have coverage – a huge step backward rather than continuation of earlier progress made possible by the Affordable Care Act (ACA) and Medicaid expansion.

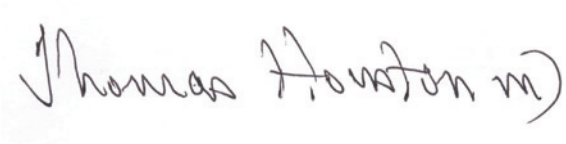
Premiums have been a feature of Medicaid's waiver programs in other states and have consistently resulted in program disenrollment and participation decline. That means people are not getting the health care they need. Research also shows that the cost of administering nominal co-pays or premium payment programs far exceeds the value of the premiums or co-pays collected. Furthermore, Medicaid expansion has improved care by transitioning services from expensive hospital emergency departments to less expensive outpatient settings.

Supporters of the waiver application would have you believe that Ohio's waiver proposal is very similar to the Indiana waiver that CMS approved. The truth is Ohio's proposal is far more drastic and harmful as Ohio's plan locks out all participants (except pregnant women) from basic Medicaid coverage if they are unable to pay premiums. Indiana provides participants with basic Medicaid coverage if they fail to pay premiums as long as they are at or below 100% federal poverty level or if they were unable to pay the premium due to domestic violence, living in a county with a disaster declaration, being medically frail, and other exceptions deemed necessary. Ohio offers none of these exceptions.

The bottom line – the Indiana waiver decreased the number of uninsured individuals and increased the number of individuals with Medicaid coverage. Ohio's waiver would do the exact opposite – increase the number of uninsured and decrease the number of individuals with Medicaid coverage. This is not the direction we want to head as a state or nation.

Please reject Ohio's 1115 waiver application for what it is – another way to dismantle the Affordable Care Act by eliminating Medicaid coverage for those who need it most. This waiver application is a foolhardy attempt to take Ohio back to a point that is even worse than its pre-Medicaid expansion days when large numbers of our most vulnerable populations lacked health care coverage.

Sincerely,



Tom Houston, MD
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Ohio Association of

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May 13, 2016

John McCarthy, Director
Ohio Department of Medicaid
50 West Town Street
Columbus, Ohio 43215

Dear Director McCarthy: John

On behalf of the Ohio Association of County Behavioral Health Authorities, I am writing you to express our concerns about the Healthy Ohio Program 1115 Demonstration Waiver.

We fully support the implementation of an efficient and effective Medicaid program. However, as proposed, we are very concerned about the impact of the Healthy Ohio Program on individuals and families impacted by mental illness and addiction in Ohio. We are specifically concerned about the plan to dis-enroll members who fail to make the required monthly payment within 60 days and the requirement to pay back the debt prior to re-enrollment. The proposal, asking people to administer a health savings account, is potentially fraught with complicated cost-sharing, contribution, and co-payment requirements that could result individuals not seeking or receiving critical mental health and addiction services in times of crisis or acute need. The waiver proposal adds a level of complexity to individual's health coverage that we believe would result in fewer individual's seeking coverage and therefore fewer Ohioans accessing and receiving timely and appropriate community mental health and addiction services and rather entering services when they are in a crisis through an emergency room, jail, or other institution. Our State's Medicaid program has come too far and is continuing to make strides to meet the needs of individuals with a mental illness or addiction. This proposal would take us a step back.

Director, we support the work of the Ohio Department of Medicaid to redesign the community behavioral health services and implement new strategies to achieve efficiencies within the program, but we cannot in good conscience support a proposal that would potentially limit coverage to some of Ohio's most vulnerable citizens. Should you have any questions about the contents of this letter or if there is any additional information I can provide, please do not hesitate to contact me at (614)224-1111.

Sincerely,

Cheri L. Walter
Chief Executive Officer

Care Alliance Health Center

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May 11, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy,

On behalf of Care Alliance Health Center, we write to comment in **opposition** to the proposed Healthy Ohio 1115 Medicaid waiver program. As it is written, the Healthy Ohio waiver program would significantly disrupt coverage for many of Cleveland's medically-vulnerable and low-income citizens. The program would also needlessly impose detrimental cost increases and inefficiencies upon patients, community health care providers, and our local health care system. Because the terms of the statutes authorizing the Healthy Ohio waiver are non-negotiable, for the reasons explicated in this letter, we urge the Center for Medicare and Medicaid Services to reject the waiver program proposal out right.

Care Alliance is a Federally Qualified Health Center (FQHC) and Level 3-recognized National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home that provides health care to low-income individuals and families living in Cleveland, Ohio. Care Alliance was founded in 1985 as one of our nation's original 19 Robert Wood Johnson Foundation/Pew Health Care for the Homeless (HCH) pilot programs. Our mission is to provide high-quality, comprehensive medical, dental, and related services to people who need them most, regardless of their ability to pay. In 2015, we provided nearly 50,000 medical, dental, behavioral health, and wraparound services visits to 5,186 homeless individuals and 6,992 individuals living in public housing in Cleveland. 92% of our patients live at or below 100% of the Federal Poverty Level, with up to 70% of patients earning an annual income of $0. Many of our patients experience low health literacy and significant trauma in their lives, which greatly impacts their acceptance of and adherence to novelty in health care and social service delivery, be it a new doctor, a new Medicaid waiver program, or otherwise new service.

Care Alliance is distinctively well-positioned to provide the following time-tested and demonstrable commentary about the provider- and patient-level consequences of implementing a 1115 waiver program like Healthy Ohio. In 2013, we served as one of two FQHC primary care provider partners for a previously accepted 1115 waiver,

MetroHealth Care Plus, which was implemented as a precursor to statewide Group 8 Medicaid extension in Ohio in 2014. Although the required administrative and outreach and enrollment efforts were taxing, the rewards were fulfilling for both patients and participating provider entities. During the MetroHealth Care Plus demonstration, over 36,000 individuals in Cuyahoga County were granted access to coverage, costs were 29% ($41 million) below budget neutrality estimates, and improvements in diabetes care and screening rates ensued.[1] Unlike the 2013 MetroHealth Care Plus waiver program, the proposed Healthy Ohio waiver program would not be worthwhile for either patients or providers in our community. It would be administratively burdensome, and it would disrupt coverage and significantly hinder current Ohio Medicaid enrollment efforts for those whom are vulnerable in our community. Worse, as a result, Healthy Ohio could jeopardize health outcomes among the homeless, chronically ill, mentally ill, and individuals living with HIV/AIDS.

Opposition Overview: Healthy Ohio Program – Disruptive Coverage, Bad Business, & Inconsistent with the Affordable Care Act (ACA) and Social Security Act Section 1115

We applaud Governor John Kasich and his administration for championing Medicaid extension in Ohio in 2014. The current Ohio Medicaid program satisfies the core ethos and decrees of the Affordable Care Act, and it continues to be efficacious for providers and beneficial for low-income and medically-vulnerable citizens. To date in Ohio, over 640,000 additional Ohioans now have coverage as a result of Medicaid extension and more than 2.9 million Ohioans, or 25% of the state's population, are enrolled in Ohio Medicaid. The vast majority of Care Alliance's primary patient population, ergo Cleveland's homeless population in general, has greatly benefited from Group 8 Medicaid extension in Ohio. Whereas in 2011, 88% of Care Alliance patients were uninsured, through incredible collective effort, now only 32% of our patients lack coverage and remain vulnerable to the harmfulness of being uninsured in America. In fact, across the U.S., there have been significant coverage gains among patients in Health Care for the Homeless projects since implementation of the ACA, with much larger increases among patients at HCH projects in states that expanded Medicaid compared to non-expansion states.[2] That said, although the current Ohio Medicaid program provides a workable framework within which local safety-net providers are able to reach, educate, and enroll Ohioans into coverage, our work is not yet finished. Now is not the time to overhaul the program, especially not for a proposed demonstration program like Healthy Ohio. Healthy Ohio would disrupt coverage and jeopardize the trust we have established with Cleveland's homeless population about the concept and utilization of health coverage – a concept that is still overwhelmingly foreign for many homeless and otherwise poverty-stricken individuals in Cuyahoga County. Now is not the time to let our tireless outreach, education, and enrollment efforts go for naught.

---

[1] Cebul, Randall D., Thomas E. Love, Douglas Einstadter, Alice S. Petrulis, and John R. Corlett. "Health Affairs." MetroHealth Care Plus: Effects Of A Prepared Safety Net On Quality Of Care In A Medicaid Expansion Population. July 2015. Available online via: http://content.healthaffairs.org/content/34/7/1121.short?cited-by=yes.

[2] Warfield, Matt, Barbara DiPietro, and Samatha Artiga. "How has the ACA Medicaid Expansion Affected Providers Serving the Homeless Population: Analysis of Coverage, Revenues, and Costs." *The Kaiser Commission on Medicaid and the Uninsured*. Kaiser Family Foundation. March 2016. Available at: http://kff.org/medicaid/issue-brief/how-has-the-aca-medicaid-expansion-affected-providers-serving-the-homeless-population-analysis-of-coverage-revenues-and-costs/

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 CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:

- Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
- Providing services not typically covered by Medicaid; or
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

For our patient population, the proposed Healthy Ohio program would decrease enrollment by those whom received coverage under the current Ohio Medicaid program, especially among Cleveland's homeless population, ipso facto limiting access to primary and specialty care services throughout the Cleveland health care network. The program would also intentionally impose inefficiencies and increased costs upon patients and community health care providers.

As we know, there are specific criteria by which CMS determines whether Medicaid/CHIP program objectives would be satisfied by a waiver program like Healthy Ohio. From our perspective, Healthy Ohio would be inconsistent with the Section 1115 criteria in the following ways:

Section 1115 Demonstration Criteria	Healthy Ohio Inconsistency
1. Increase and strengthen overall coverage of low-income individuals in the state;	**Criterion not satisfied.** The proposed Healthy Ohio waiver program would disrupt coverage for thousands of low-income and medically-vulnerable Ohioans, especially Cleveland's homeless population. Introducing a new Medicaid coverage program that includes a premium payment requirement for those whom currently receive coverage under the Ohio Medicaid program would result in dropped coverage and coverage evasion. We suspect uninsured rates among all segments of the current Ohio Medicaid population will initially increase as a result of Healthy Ohio. As we know, premiums have led to declines in enrollment in other states, including Oregon and Wisconsin. For example, in Oregon enrollment dropped by 50% after premiums were instituted, with the largest drop in

	enrollment among those with the lowest income.[3] Indeed, among our higher low-income patients, including individuals living in public housing, consumers have reported that the new premiums will result in fellow Clevelanders electing to drop their coverage altogether. There is strong perception that the proposed premium payments will be too cumbersome to afford. We are very concerned that the Healthy Ohio program will permit dropping coverage for those whom elect not – or cannot afford – to pay their monthly premiums. We are also concerned about Healthy Ohio's emphasis on linking health coverage to job training: Medicaid is a health insurance program, no longer a social welfare program. We praise ODM for protecting individuals with no income from the requirement to contribute to the Buckeye Account. However, the new health savings account, point system, and debit card-based system will be unconditionally too cumbersome for many homeless individuals to either comprehend or use in practice. Low literacy – and especially low health literacy – is a reality among the homeless population. Mental health illness and trauma rates are high. It would be difficult to receive or use Buckeye Account cards, just as it has been difficult for many homeless individuals to maintain and use Ohio Direction Cards/EBT. It has taken substantial staff effort and organizational investment over the past two years to provide education on the once foreign concept of health coverage, to build trust among Cleveland's homeless population about using health coverage, and to begin to change

[3] Center for Community Solutions. *New Medicaid Waiver Proposal Will Disrupt Coverage and Increase Costs*. Available at: http://www.communitysolutions.com/assets/docs/Public_Policy_incl_testimony/1115%20waiver%20fact%20sheet_healthy%20ohio_11232015.pdf.

	health behaviors for the better. For the homeless, competing daily necessities for basic survival often trump the ability to prioritize health care decision-making. Healthy Ohio would very likely jeopardize the enrollment progress made to date with Cleveland's homeless patient population, individuals who have historically experienced favorable services (i.e., the current Ohio Medicaid program) being replaced with less beneficial programs like Healthy Ohio. There would be limited buy-in for Healthy Ohio among low-income patients in Cleveland, and the program would likely be ineffective in its nascent stages, if not indefinitely. In effect, the Buckeye Account concept will systematically establish a significant barrier to both coverage and access to care for those whom are most vulnerable in our community. Compared to the current Ohio Medicaid program, the Healthy Ohio program would be inconsistent with the core tenets and requirements of the ACA.
2. Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;	**Criterion not satisfied.** The proposed Healthy Ohio waiver program would disrupt coverage for thousands of low-income and medically-vulnerable Ohioans. Disrupted or dropped coverage will hinder access to care and interrupt treatment and care plans involving specialty care services at local hospitals. As proposed, Healthy Ohio could cost Ohio hospitals up to $2.5 billion over the course of the demonstration.[4] High and new costs do not help stabilize our local provider network. How would our local hospitals respond to Healthy Ohio coverage options? Would existing managed care contracts be jeopardized over time? For individuals who lose coverage as a result of Healthy Ohio, would hospitals be able

[4] Virgil Dickinson. "Ohio Medicaid waiver could cost hospitals $2.5 billion." *Modern Healthcare.* April 2016. Available at: http://www.modernhealthcare.com/article/20160422/NEWS/160429965

	to continue to provide care to newly uninsured patients via a diminishing Disproportionate Share Hospital program (DSH) under the current Hospital Care Assurance program (HCAP) in Ohio, with overall DSH reductions expected to total $18.1 billion by 2020?[5] Healthy Ohio would be financially burdensome and potentially destabilizing for community-level and safety-net practices over the course of the proposed program. Higher insured rates have positively affected our payer mix, allowing for new services to combat key public health issues at the community level, including lack of dental care, substance abuse, and infant mortality. Particular health care costs would be shifted back to safety-net providers like Care Alliance, including prescription drug expenses for those whom lose or evade coverage. Implementing the complicated Buckeye Account system and pursuant new operational processes would also impose short-term administrative and sunk cost burdens upon community-level practices. It is no surprise that Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[6]
3. Improve health outcomes for Medicaid and other low-income populations in the state; or	**Criterion not satisfied.** At Care Alliance alone, since the extension of the current Medicaid program in 2014, increased coverage has resulted in increased access for patients, realized by a rise in overall primary care and specialty care visits per year per patient. Appointment adherence and the ability to easily be seen for specialty care at local hospitals are essential to improving health outcomes. Increased visits per patient have

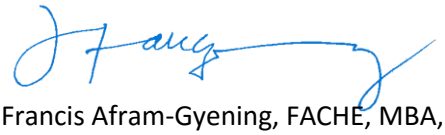
[5] The Center for Health Affairs. *Medicaid and Hospital Care Assurance Program*. Available at: http://www.chanet.org/FinanceAndReimbursement/MedicaidHCAP.aspx.
[6] Little, Marquita. "Arkansas Medicaid Private Option Approved by Legislature." *Georgetown University Health Policy Institute - Center for Children and Families.* February 2015. Available at: http://ccf.georgetown.edu/all/arkansas-governor-hutchison-takes-pragmatic-approach-medicaid-private-option/.

	promoted treatment adherence and improved population-level health outcomes. For example, 62.6% of total Care Alliance patients diagnosed with diabetes mellitus had controlled glycated hemoglobin (HbA1c) in 2015, an improvement from 2014 and 2013. In 2015, being enrolled in health insurance, especially Medicaid, increased the likelihood of managing chronic conditions like diabetes mellitus, when compared to uninsured patients with the same diagnosis. Among Medicaid-insured Care Alliance patients in 2015, 66.2% had controlled HbA1c levels, while only 47.9% of our uninsured patients had their HbA1c levels and diabetes mellitus under control. Coverage promotes easier access to necessary exams (i.e., eye exams), prescription medicines, and specialty care for comorbid conditions. Disenrollment would negatively impact health outcomes and the financial security for low-income patients, particularly the medically frail, persons with serious and persistent mental illness, victims of domestic abuse, foster children, women with breast and/or cervical cancer, and individuals living with HIV/AIDS. Lack of access through disenrollment will put individuals at risk for negative health outcomes, for example, lower birth weight for babies of new mothers and higher HIV transmission rates among individuals not accessing Ryan White and other essential HIV/AIDS care management services.
4. Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.	**Criterion not satisfied.** In time, disruption in coverage for our patients could negatively affect our ability to maintain the comprehensive level of services necessary to optimally operate the NCQA (or Joint Commission) PCMH care delivery model. Healthy Ohio would thus jeopardize our ability to most efficiently operate by the standards expected of us by the U.S. Health Resources and Services Administration (HRSA). Healthy

	Ohio would reinject fragmentation into the local health care delivery system for low-income and medically-vulnerable patient populations. As noted above, coverage promotes efficient care coordination and access to prescription medicines and specialty care for comorbid conditions. At the practice level, the new Buckeye Account system would introduce complications and administrative inefficiencies across our practice– from intake to follow up for patients, from training to implementation for staff. Healthy Ohio would result in disrupted and dropped coverage for many Ohioans. From our experiences with the 2013 MetroHealth Care Plus 1115 waiver program, we are confident there would be gaps in care and new application inefficiencies introduced even for those whom would ultimately successfully transfer over to Healthy Ohio coverage. Treatment and care plans would be jeopardized at the get-go. For clinicians, interruption of coverage for their patients would likely be confusing and difficult to manage, especially for patients with chronic diseases and co-morbid conditions.

We again thank you for the opportunity to comment in opposition to the proposed Healthy Ohio 1115 Medicaid waiver program, a program that would significantly disrupt coverage for Cleveland's most medically-vulnerable citizens and impose unfavorable cost increases and inefficiencies upon patients, community health care providers, and our local health care system. We urge the Center for Medicare and Medicaid Services to reject the waiver program proposal out right, as Healthy Ohio would be inconsistent with the ethos and requirements of the ACA and the Social Security Act's Section 1115.

Respectfully,



Francis Afram-Gyening, FACHE, MBA, MPH

President & Chief Executive Officer
Care Alliance Health Center

Nickie J. Antonio
State Representative, House District 13

April 26, 2016

Director John McCarthy
Ohio Department of Medicaid
50 W Town Street, Suite 400
Columbus, OH 43215

Dear Director McCarthy,

Re: Healthy Ohio Program 1115 Demonstration Waiver

Director McCarthy,

I write to express deep concerns regarding the State of Ohio's request for a Medicaid waiver in order to administer the so-called "Healthy Ohio Program" that was passed in the most recent state budget (HB 64, 2015). The expansion of Medicaid to Ohio's working poor has shown to improve health outcomes for many of Ohioan's most vulnerable citizens, and has reduced chronic disease among enrollees with lower-than-expected costs[1]. The pursuance of this Medicaid waiver jeopardizes the health and well-being of Ohio's Medicaid population, reversing the progress made in the lives of low-income Ohioans through Medicaid expansion.

In this proposed Medicaid waiver program, Ohio will seek to serve adults in Medicaid through a modified type of "Health Savings Account.". Enrollees in this program would be required to pay a monthly or annual fee in order to participate in this program. As a member of the Ohio General Assembly, I have heard firsthand from individuals and organizations that represent the working people of this state. The message of those that would be most affected by this new program is clear: requiring the working poor to pay premiums for essential healthcare services will cut off access to healthcare coverage for those who need it most. Exhaustive research shows that imposing premiums on Medicaid-recipients drives negative health outcomes for recipients, and reduces the number of people that seek medical care when they need it. Research also shows that not only do low-income people pay more as a percentage of their income towards healthcare than the wealthy, but that premiums and fees in Medicaid and other

[1] www.policymattersohio.org/medicaid-jan2016

Committees:
Finance
Finance Subcommittee on Health and Human Services
Health and Aging
Rules and Reference

www.house.state.oh.us
77 S. High Street, Columbus, Ohio 43215-6111

Contact Information:
Office: 614-466-5921
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Email: Rep13@ohiohouse.gov

programs actually prevent them from receiving proper care, which in turn leads to poor health outcomes.

A study reviewing the 2002 National Survey of America's families found that among the insured, low-income families pay a larger share of their income towards out-of-pocket healthcare expenses, and a separate study found roughly one quarter of families below poverty pay upwards of 10 percent of their family income for out-of-pocket healthcare spending.[2] [3] One of the most well-known studies, conducted by the RAND Corporation, found that additional healthcare fees reduced effective care for low-income adults by 41 percent, compared to just a 29 percent reduction for non-low income adults.[4] Locking people out of care for not being able to afford it is unnecessarily cruel and will only lead to further hardship. Erecting financial barriers to access only limits what we can do to ensure those that need affordable care most can receive it.

Tara Britton, of the Center for Community Solutions, testified before the Ohio House that Ohio's Medicaid churn rate will likely increase under Healthy Ohio.[5] Other opponents put it more bluntly, providing evidence that requiring premiums or other payments in Medicaid will push people completely out of the Medicaid system and only worsen the lives of vulnerable Ohioans and of our state as a whole.[6]

Requiring additional fees to access healthcare through premiums, health savings accounts, or through the confusing amalgamation of the two that is the "Healthy Ohio Plan", has been shown repeatedly to worsen health outcomes, push people away from care, and become a bureaucratic and administrative burden on taxpayers. A 2014 study in Health Affairs found that a $10 increase in premiums for those above 101 percent of poverty saw a 6.7 percent reduction in Medicaid and CHIP coverage.[7] When Oregon raised fees the drop off rate was even more alarming. Nearly 50 percent of people lost coverage in just nine months.[8]

Beyond the premiums and lock-out provisions of this waiver, the bill also includes annual and lifetime limits that seem to conflict with federal law and would potentially force those who have care into expensive fee-for-service Medicaid. Since 2014, health insurance companies have not been allowed to set annual or lifetime limits for essential health benefits. Yet HB 64, which

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[2] Shen, YC, McFeeters, J Out-of-pocket health spending between low-and higher- income population: who is at risk of having high expenses and high burdens. Medical Care, 2006 Mar;44(3) Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ

[3] Galbraith A et al, "Out-of-Pocket Financial Burden for Low-Income Families with Children: Socioeconomic Disparities and Effects of Insurance," Health Services Research, 40(6), December 2005. Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ

[4] Brook, R, et al. The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. Santa Monica, CA: RAND Corporation, 2006. http://www.rand.org/pubs/research_briefs/RB9174.html.

[5] Britton, Tara. The Center for Community Solutions. Testimony before the House Health and Human Services Subcommittee, March 11, 2015 http://goo.gl/DFTQvE

[6] Levine, Cathy. UHCAN Ohio. HB 64 testimony before the Ohio House Finance Committee. April 16, 2015. http://goo.gl/xWUqMH

[7] Abdus, S., Hudson, J., et al. Children's Health Insurance Program Premiums Adversely Affect Enrollment, Especially Among Lower-Income Children. Health Affairs, 2014 Aug; 33(8) http://goo.gl/uZs2QU

[8] Patton, Wendy. Healthy Ohio plan is bad medicine. Policy Matters Ohio. http://goo.gl/EscErW

establishes the "Healthy Ohio Plan", requires participants to be enrolled in a health plan offered by a managed care organization that shall have payout limits that are capped annually at $300,000 and lifetime limits at one million dollars.

Individuals suffering from chronic conditions or those that require a large number of prescriptions, like AIDS patients, will quickly exhaust these limits and be forced out of a program that is ostensibly meant to assist them. Why should someone who is especially sick or faced with an unexpected and costly surgery not be able to receive the same level of care or be locked out of the workforce development programs under this waiver request? How do you reconcile these limits with existing federal law? My concern is that participants will be more likely to delay expensive, or avoid purchasing costly preventative prescriptions out of fear of exceeding their yearly or lifetime limit. Annual and lifetime caps are from a previous era of insurance practices, and should have no place in Ohio's Medicaid system.

Finally, the administrative burdens of this system are likely to be a drain on state resources, as evidenced by other states' experiences with similar systems. After suspending premium collections for the state's "private option" Medicaid waiver, Arkansas' Medicaid agency projected that administrative costs would be cut in half.[9] This result is consistent among other states, many of whom have found that the administrative cost in collecting premiums was more expensive than the amount of premiums actually collected, in some cases in the order of more than $12 million dollars.[10] The complexity of changing dollars to "points", keeping the core and non-core portions separate for certain services while combined for others, and tallying incentive points alongside monthly payments, will take time to be learned by both administrators and participants alike. Given the recent track record of the state upgrading systems, we anticipate serious problems will be forthcoming should this plan be approved.[11]

From the initial executive budget unveiling, to this public comment period required by federal law today thanks to the Affordable Care Act, I have repeatedly voiced concerns about the undue burden additional required payments will place on Ohio's most vulnerable citizens. The Healthy Ohio plan is logistically impractical and administratively burdensome at best. Most importantly, the plan will leave more Ohioans without access to quality healthcare.

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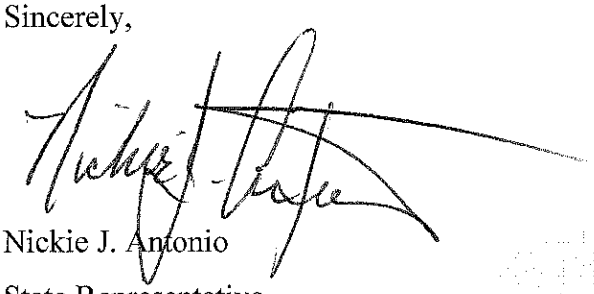
[9] Andy Davis, "Bill asks pause to care changes," *Arkansas Democrat-Gazette*, January 24, 2015, http://goo.gl/SBCqlj, referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr

[10] Arizona Health Care Cost Containment System, "Fiscal Impact of Implementing Cost Sharing and Benchmark Benefit Provisions of the Federal Deficit Reduction Act of 2005," December 13, 2006. referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr

[11] Joel Potts, OJFSDA, Ohio Benefits System Update to the Joint Medicaid Oversight Committee, October 15, 2015 http://goo.gl/sO6lrT , see also Catherine Candisky, "More than 150,000 Ohioans to get Medicaid again after settlement" *Columbus Dispatch* May 12, 2015 http://goo.gl/MKmZPb

It is disappointing that the legislature has required, by law, that the Ohio Department of Medicaid pursue this waiver at such a cost to taxpayers and the health and strength of our citizens.[12] I urge you to stand by the true intent of the Medicaid program and clear away barriers to healthcare access so that Ohio's most vulnerable citizens will have the chance to lead healthy, happy, and productive lives. I hope you will join me in this effort.

Sincerely,



Nickie J. Antonio
State Representative
District 13

[12] Office of Health Transformation, Health Savings Accounts, http://goo.gl/Wd3vsP

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43215

Dear Director McCarthy:

My 28 year old daughter suffers from severe and persistent mental illness. My life significantly improved, as did hers, when Ohio expanded Medicaid coverage under provisions of the Affordable Care Act. For this selfish reason and for the benefit of many others who face similar situations, I oppose Ohio's application for a Healthy Ohio Program 1115 Demonstration Waiver.

While my daughter is unable to work, she is able to care for her two children since she has had access to medical care and medication under Medicaid. In addition, Medicaid coverage has allowed her to have surgery to ensure that no additional pregnancies occur. Ohio's application for the Healthy Ohio Program 1115 Demonstration Waiver jeopardizes what little stability we have relative to her health and living conditions. Requiring her to pay two percent of the minimal assistance she gets will put her over the edge each month. In fact, she is already over the edge each month. A circumstance that comes to mind – one that most of us would not even think about – is that she has no bank account and there is a $2.50 charge with each banking transaction which will be an additional cost to making payments into a Health Savings Account – that on top of costs for rent, utilities, transportation, etc. The cost of a money order is $1.50.

Medicaid exists for the people who need it – the mentally ill, those who "live in the shadows" as the Governor often states. Yet this proposed plan is a set of complicated, punitive and errantly applied cost sharing policies focused on a population, to which my daughter belongs, who will be largely unable to meet the financial and logistical requirements of this proposal. Medicaid will save money and disenrollment will occur, which is what I have to assume is the point of the proposal. But for the individuals and families this waiver impacts, the outcome will be devastating. One of the unintended outcomes of the mentally ill lacking access to medication and medical care will be children having parents who can no longer care for them.

Families who have family members with debilitating mental illness understand that progress has been made. For instance, because my daughter was hospitalized at age 15 in a mental health facility, at age 18, she was uninsurable. I'm not talking about unaffordable insurance – no insurance company would cover her at any cost. To attempt to get her the care and medications she needed, my husband and I paid college tuition for two years just to keep her on our insurance coverage (only available if she was a college student). With the ACA, things improved. But now with this waiver application we are headed in the other direction.

I know that you are mandated by state law to apply for this waiver. All I can ask is that you please include my letter and my heartfelt plea to CMS to reject this waiver application. I ask this on behalf of my family and all the other families who will suffer if this inaccurately named "Healthy Ohio" program is implemented.

Thanks for your consideration.

Sincerely,

Ann M. Spicer
Executive Vice President
Ohio Academy of Family Physicians

1145 Baumock Burn Drive
Columbus, Ohio 43235
Phone: 614/848-5030 (h)
614/296-0366 (cell)
614/267-7867 (w)

Office of State Representative Stephanie Howse
House District 11

Director John McCarthy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, Ohio 43218

Dear Director McCarthy,

I am writing to express my opposition to the Healthy Ohio 1115 Demonstration Waiver. This program has unintended consequences that I fear most participants under the current Medicaid program will undoubtedly face. In 2015, more than 650,000 Ohioans were able to receive Medicaid benefits through the Medicaid expansion. Healthy Ohio will undo the progress of this successful expansion.

This program will inadvertently affect the most vulnerable of Ohioans. Healthy Ohio will require working people in poverty to pay premiums for essential healthcare services, ultimately denying access to healthcare coverage for those who need it most. Requiring additional fees to receive healthcare, whether they be premiums, health savings accounts, or the strange amalgamation of the two that is the Healthy Ohio Plan, has been shown repeatedly to worsen health outcomes, push people away from care, and become a bureaucratic and administrative burden on taxpayers. Exhaustive research shows that not only do low-income families pay more as a percentage of their income towards healthcare than the wealthy, but premiums and fees in Medicaid and other programs prevent those families from receiving proper care, which in turn leads to poorer health outcomes.

A well-known study, conducted by the RAND Corporation, found that additional healthcare costs reduced effective care for low-income adults by 41 percent, compared to just a 29 percent reduction for non-low income adults. Locking people out of care for not being able to afford it is unnecessarily cruel and will only lead to further hardship. Putting up financial barriers to healthcare access only limits what we can do to ensure those who need affordable care most can receive it.[1]

The Healthy Ohio plan is logistically impractical and administratively burdensome at best. Most importantly, the plan will leave more Ohioans without access to quality healthcare. As a legislator, I made a commitment to working on behalf of the best interests of the people; therefore, I must oppose the Healthy Ohio 1115 Demonstration Waiver.

I welcome a chance to discuss this issue with you further. I may be reached at 614.466.1414 or rep11@ohiohouse.gov.

Be Blessed,

Stephanie Howse

State Representative Stephanie D. Howse
House District 11

[1] [1] Brook, R, et al. The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. Santa Monica, CA: RAND Corporation, 2006. http://www.rand.org/pubs/research_briefs/RB9174.html.

Committees:
Community and Family Advancement, Ranking Member
Energy and Natural Resources
Transportation and Infrastructure

77 South High Street, 10th Floor
Columbus, OH 43215
(614) 466-1414
Rep11@ohiohouse.gov

Committees:
Community and Family Advancement, Ranking Member
Energy and Natural Resources
Transportation and Infrastructure

77 South High Street, 10th Floor
Columbus, OH 43215
(614) 466-1414
Rep11@ohiohouse.gov

May 10, 2016

DEPT. OF MEDICAID
2016 MAY 19 AM 11:19

HEALTHY OHIO PROGRAM

115 Demonstration Waiver

Bureau of Health Plan Policy

Ohio Dept. of Medicaid

50 W. Town St.

Columbus, OH 43218

STOP GOP ON MEDICAID PROPOSAL !!!!

This is in response to Senator Sherrod Brown's information on the GOP proposal for Medicaid. I am AGAINST the changes proposed by Gov. Kasich that would make it harder for Ohioans to get care and increase their premiums. The state would be allowed to change the rules for over 1 million nondisabled, nonelderly people. The low-income or disabled Ohioans on the Medicaid proposal would be at a disadvantage and that's what the GOP is hoping for. I am against making them pay more toward their govt. funded health care! I want it known that I am **against this GOP policy**!

How far will the GOP go to be mean and unfair to those Ohioans on Medicaid? You only want to rob the poor, the disabled and the elderly who are on Medicaid and make them pay more and change the rules whenever the state or federal government wants to.

Enough of this and we've had enough of Kasich and the GOP!

Janet Tristan
202 Superior St.
Newark OH 43130

To: Ohio Department of Medicaid

From: Julia R Thomas

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 10, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. I urge the Center for Medicare and Medicaid Services to reject the waiver and not undo the progress Ohio has made on access to quality health coverage for Ohio residents.

Respectfully,

Julia R Thomas

Laurie A. Stuart, MD
12622 Cedar Road
Cleveland Heights, OH 44106

May 1, 2016

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St. 5th Floor
Columbus, OH 43218

Re: Proposed "Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy:

As a retired primary care physician who for over a quarter of a century took care of desperately ill children and adults, I am writing to say I am deeply disturbed that coverage for low-income people may now be at risk should the so-called "Healthy Ohio" Medicaid waiver be adopted. I believe this would represent a step backwards for the health of our citizens.

The lack of affordable health care is one reason our country fares so poorly in health-related outcomes compared with nearly every other developed country in the world. And if for no other reason than financial, this change should not be enacted.

Please reconsider this action.

Sincerely,

Laurie A. Stuart, MD

Laurie A. Stuart, MD

LEAP
Linking Employment, Abilities and Potential

LEAP's mission is to advance a society of equal opportunity for all persons, regardless of disability.

Comments on "Healthy Ohio Program" 1115 Demonstration Waiver
May 13, 2016

Linking Employment, Abilities and Potential (LEAP) in Cleveland is one of 12 Centers for Independent Living (CIL) in Ohio. LEAP serves over 1,500 people with disabilities in Northeast Ohio each year – people who have a developmental disability, a disability through injury or illness, older adults and those with behavioral health needs. Our purpose is to advocate for and assist people with disabilities to live independently. We help people access home and community-based services, like housing, benefits, transportation, assistive technology, employment and integration, so they can share their time, talent, and resources with the larger community.

We submit these comments on the proposed 1115 Demonstration Waiver for Ohio Medicaid.

We agree with the public comments of Advocates for Ohio's Future and Center for Community Solutions that the Healthy Ohio proposal will reduce Medicaid coverage of low-income individuals. People of limited or unstable incomes will be unable to pay the new premium or become dis-enrolled for having missed two payments. The absence of an exception for people under 100% FPL and the 6-month bar from re-enrollment, in particular, will result in many low income people, once again, becoming uninsured and foregoing needed care.

For people with disabilities, Medicaid is essential to having access to ongoing and necessary health care and home and community-based services. Health access allows people with disabilities to turn their attention to other needs, like housing, employment and community engagement. Understanding this, the Healthy Ohio proposal purports to "target all **non-disabled**, Medicaid eligible adults." (ODM, Healthy Ohio Program 1115 Demonstration Waiver Summary, page 5). This assumes that the expansion or "MAGI group" will not include people who have disabilities. This assumption is not true.

Ohio is proposing the Healthy Ohio program as it simultaneously implements the Disability Determination Redesign, phasing out its current "Aged, Blind and Disabled" program. After a transition period, only three subsets of people with disabilities will have access to Medicaid because of their disability: people with SSI, individuals who have a nursing facility (or ICF/DD) level of care, and people with "Serious and Persistent Mental Illness." Currently, thousands of Ohioans who are eligible for Medicaid by virtue of their disability will fall outside of these groups. They still have the disability, but their income will make them ineligible for SSI or their needs will fall short of a nursing facility level of care. This includes many people who have Social Security Disability Insurance (SSDI). Ohio's redesign also does not add a "medically needy" program, as in other "1634" states.

In fact, ODM is encouraging many people with disabilities under the current ABD program to seek coverage under the "MAGI group," and estimates that about 4,000 "disabled" enrollees will be eligible because they fall under the MAGI limit. But this also makes them subject to the Healthy Ohio waiver. The proposal does not include a "medically frail" exemption, as in Indiana which has a similar program. If the General Assembly's and ODM's goal is to apply this program to the "non-disabled" or "able-bodied," the Healthy Ohio proposal fails to meet this goal.

2545 Lorain Avenue Cleveland, Ohio 44113 Phone: 216.696.2716 Fax: 216.687.1453 leapinfo.org

Finally, the Healthy Ohio proposal does not have the common sense principles of the successful Medicaid Buy In for Workers with Disabilities. The Buy-In program *supplements* existing Medicaid eligibility, using a premium program, for individuals with disabilities only if they are employed. Even then, the premium calculation considers certain individual needs, like impairment-related work expenses. If the enrollee loses a job, she has 6 months to get a new job before coverage terminates. Finally, if a beneficiary does not pay premiums for two months, he can be reinstated by paying back premiums, without a draconian 6 month bar to re-enrollment.

We ask that ODM continue the Medicaid expansion in its current form, and we hope that CMS disapproves this waiver because it will reduce and weaken overall coverage for low-income Ohioans, including many people with disabilities.

Rev. Lois H. Annich
2882 Chadbourne Road
Shaker Heights, Ohio 44120

DEPT. OF MEDICAID
2016 MAY 19 AM 11:20

May 10, 2016

John McCarthy, Director
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Dear Director McCarthy,

I am a member of Greater Cleveland Congregations through my congregation, Forest Hill Church, Presbyterian, Cleveland Heights.

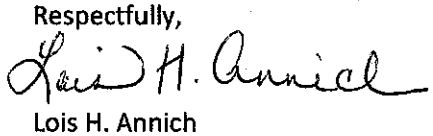
I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it causes many needy Ohioans to lose their vital medical coverage as they can't afford the premium. **It will also increase costs to the state to implement.**

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion and are saddened to see this threat arise.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. The recipients are low-income citizens of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for example)
- Premiums have led to declines in enrollment in other states – in Oregon enrollment dropped by 77% after premiums were instituted.
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex for citizens' use. Arkansas recently discontinued the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.
- These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the "Healthy Ohio" waiver, and I hope you will do all you can to prevent this from being passed.

Respectfully,



Lois H. Annich

To: Ohio Department of Medicaid

From: Catherine Rhoad, Family Health Services of Erie County, 1912 Hayes Ave., Sandusky, OH 44870

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

April 8, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

Our mission as a community health center is to serve those who are disadvantaged in anyway and strive to meet their health care needs at a high level. Our mission is to provide quality healthcare services without financial barriers. Our county faces a large drug epidemic as well as a very high infant mortality rate that will only worsen if coverage is disrupted for such a large portion of our population.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population[1]:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[2]

- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[3]

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

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[1] Ohio Department of Medicaid Managed Care eligibility and Enrollment Reports, Website http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx and Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (*1/26/16*) Webinar*

[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (*1/26/16*) Webinar*

[3] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (*1/26/16*) Webinar*

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver

Respectfully,

Catherine Rhoad

MetroHealth

May 16, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Bureau Administrator:

The MetroHealth System was founded in 1837 in Cleveland, Ohio to serve the poor and other underserved populations. The system has evolved into a nationally recognized essential healthcare system serving insured and uninsured residents of Cuyahoga County, Ohio. On an annual basis, MetroHealth manages one million patient encounters. Medicaid is a valuable payer and partner to the health system. Medicaid currently comprises forty-five percent of the health system's total payer mix.

With its mission to lead the way to a healthier you and to a healthier community through service, teaching, discovery and teamwork, MetroHealth advocates for health coverage and access opportunities to benefit Cuyahoga county residents. In 2013, the health system launched, MetroHealth Care Plus, a federal section 1115 Medicaid demonstration waiver, to extend healthcare coverage and services to uninsured individuals. The program enrolled over 28,000 uninsured Cuyahoga County residents to study the impacts of extended Medicaid coverage combined with access to high-quality, coordinated health care. In less than one year's time, Care Plus enrollees demonstrated improvements in the quality of care and health outcomes for diabetes and in controlling high blood pressure, while simultaneously decreasing emergency department utilization and lowering the overall costs of health care.

Also in 2013, the health system partnered with regional and state coalitions to advocate for Medicaid expansion, a key health coverage strategy promoted with the Patient Protection and Affordable Care Act (ACA), to help the uninsured gain access to coverage. In January 2014, the state of Ohio expanded to 630,000 non-disabled, adult residents. The MetroHealth System serves 55,000 or thirty-three percent of the non-disabled Medicaid adult population in Cuyahoga County.

In April 2016, the Ohio Department of Medicaid (ODM) released details regarding the Healthy Ohio Medicaid Waiver proposal to comply with Ohio Revised Code Section 5166.40 to 5166.409. ODM announced its intent to make substantive changes within the Medicaid program to facilitate personal responsibility and wellness incentives among the non-disabled,

adult Medicaid population. The state also envisions the waiver serving as a vehicle to transition individuals from Medicaid to commercial plans.

The MetroHealth System evaluated ODM's Healthy Ohio Waiver proposal against existing CMS demonstration criteria and have significant concerns. The waiver as proposed does not advance CMS' priorities relative to health coverage, health access, health outcomes, and efficiency and quality of care. Our concerns are as follows:

CMS criterion: Would the demonstration increase and strengthen overall coverage of low-income individuals?

The Ohio Department of Medicaid is seeking a federal waiver that would allow the state to charge individuals a premium to participate in the Medicaid program. A premium of 2% of annual income or $99 a year, whichever is less, would be charged to establish a health savings account (HSA). The HSA would be utilized for co-pays and deductibles. If individuals do not maintain a HSA, they will lose Medicaid coverage.

MetroHealth serves thousands of non-disabled Medicaid adults across Cleveland and Cuyahoga County. We are very familiar with this population's health, social, and economic struggles. These individuals would experience difficulty in satisfying the premium and HSA requirements of the waiver program and thus, would lose health coverage. The state estimates approximately 15% of the adult population would experience disenrollment. The northeast Ohio provider community estimates the disenrollment rate to climb to 50%.

When individuals are unable to pay their premiums, they will likely revert back to delaying or not pursuing health care until they reach a crisis state risking their health and well-being. This scenario has health and economic consequences to the individual, the health system, and the community at large. For these reasons, we trust the Healthy Ohio Waiver would not increase and strengthen coverage of low-income individuals.

CMS criterion: Would the demonstration increase access to stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations?

The waiver proposal would negatively impact the provider system in three ways. The first impact would occur when thousands of individuals do not pay their premium and as a consequence, they lose health coverage until their premiums are paid. When coverage is lost, low-income individuals would likely disconnect from their providers. Their access to primary care and other providers would be reduced or eliminated. This development would undermine CMS and Ohio's health transformation goals relative to primary care innovation and population health improvement.

The second impact emerges when providers decline participation in the program due to concerns about administrative burden and costs. If providers determine the waiver to be more of a cost than a benefit to their practice, they will likely close their practice to this patient population.

The third impact occurs when providers who agree to accept uninsured patients begin to experience rising uncompensated care costs. The costs would be concerning to a public hospital like MetroHealth because there are no plans at the federal level to reverse the disproportionate share (DSH) cuts that are planned as part of the Patient Protection and Affordable Care Act (ACA).

The waiver as proposed would disrupt the provider system. An unstable system would impact patient access and the overall success of the Healthy Ohio Waiver model.

CMS criterion: Would the demonstration improve health outcomes for Medicaid and other low-income populations?

The Waiver proposal outlines provisions to incentivize individuals towards healthier lifestyle choices in an effort to achieve better health outcomes. The Medicaid population we serve would need help understanding the Healthy Incentive Points and Preventive Care Incentive system proposed by the Ohio Department of Medicaid. It is a complicated system.

There is no compelling evidence that consumer incentives actually lead to better health outcomes. A recent Kaiser Family Foundation report concluded that consumer incentives can be effective for encouraging one-time or simple preventative care (such as receiving immunizations or attending a regular check-up,) but there is insufficient evidence to say if incentives are effective for promoting long-term lifestyle changes, such as smoking cessation or weight management.

The MetroHealth Care Plus 1115 Waiver program demonstrated what does lead to better health outcomes-- continuous health coverage with combined with access to high-quality, patient-centered care. When patients accessed coverage and health services, we witnessed better health outcomes for enrollees with diabetes and high blood pressure, two common and very costly chronic illnesses.

We also request CMS to be mindful of the challenges low-income populations face in achieving wellness. Without health coverage and no disposable income, the Medicaid population would have challenges accessing the fitness, smoking cessation, and nutrition programs the Healthy Ohio Waiver promotes. Many of these patients desire healthier food options but they live in neighborhoods that are considered to be food deserts. Our patients also reside in communities with no gym or safe place available to accommodate exercise.

If ODM wants to continue its population health improvement and innovation momentum, it should guarantee payment of wellness and preventive services even when an individual's premiums are not paid. Assuring these services are paid removes barriers for Medicaid beneficiaries to access wellness services. Assurance of coverage also helps providers stay engaged with the Medicaid

program. Providers deserve predictability and stability with the Medicaid program. If CMS does not accept this recommendation, we do not think the demonstration will improve Medicaid beneficiary health outcomes as planned.

CMS criterion: Would the demonstration improve the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks?

Populations that would be greatly impacted by the waiver proposal are mentally ill adults, aged out of foster care adults (defined as aged 18 to 26), and women who utilize Medicaid to access breast and cervical cancer screening, testing, and case management services. The patients require complex mental and physical health care. Their income status doesn't afford them "extras" in life. When Ohio expanded Medicaid in 2014, health coverage became a life saver for these populations. These vulnerable populations utilized coverage to access providers for medically necessary primary and specialty services.

The Healthy Ohio Waiver has the potential to disrupt the quality of care and outcomes for vulnerable populations. The premiums and complex wellness incentives would create confusion and barriers for a population struggling with poverty, low literacy levels, and limited access to transportation and other social support needed to achieve the wellness metrics of the waiver program.

MetroHealth's young adult foster care population would certainly have difficulty adjusting to the waiver proposal. In Ohio, approximately 1,000 young adults leave foster care per year. Cuyahoga County Child and Family Services and The MetroHealth System work together to coordinate health care services for this population. Annually, 120-150 young adults transition from foster care in the Cuyahoga County. Compared to their peers who are still connected to their families, individuals who age out of foster care have:

- a greater risk of homelessness,
- early pregnancy,
- poor health outcomes,
- food insecurity,
- mental health needs, and
- lower educational attainment (Wagner & Wonacott, 2008).

If this population loses coverage due to nonpayment of premiums, they would disconnect from the health system. Their health status would likely not improve because their patient-provider relationship would be interrupted or discontinued.

The Healthy Ohio Waiver does propose to maintain Medicaid coverage for pregnant women. We strongly support coverage being extended to women postpartum in an effort to strengthen their

MetroHealth

physical and mental health as they parent their children. This is vitally important as Ohio and its local communities work to reduce infant mortality among low-income populations.

When it comes to administrative concerns of the waiver, we anticipate system inefficiency and financial challenges arising with the elimination of the 90-day retroactive coverage for Medicaid beneficiaries. Current Ohio Medicaid rules state eligibility begins the day an application is submitted, assuming the applicant is ultimately deemed to qualify for benefits. Providers may also bill for services provided in the preceding three months, assuming the patient met eligibility rules during that time. In 2015, we served 8473 individuals who qualified for coverage under the presumptive eligibility rules.

The Healthy Ohio Waiver would not begin coverage unless three conditions are met: 1) an application is approved for Medicaid, 2) the person enrolls in a managed care plan and 3) the person makes the first payment into a health savings account. This process could take months to complete. The lag time creates barriers for individuals who need timely access to health care. The lag time also impacts the financial status of providers because if a patient presents in an inpatient or outpatient setting, a provider would not refuse care. They would absorb the cost. Providers cannot sustain their business for long if there is no federal and/or state revenue offset to rising uncompensated care costs.

The Healthy Ohio Waiver in its design would create inefficiencies, disruptions to patient-provider relationships, and limit health system transformation.

Conclusion:
As one of the largest Medicaid providers and advocates in the northeast Ohio region, we appreciate the opportunity to provide public comments for the Healthy Ohio Waiver application process. The waiver as proposed does not align with CMS demonstration priorities. It conflicts with Ohio's current Office of Health Transformation and the Department of Medicaid's individual and population health goals. The waiver in its current design would introduce economic and health access challenges for the non-disabled Medicaid adults we serve annually. The proposal would also present administrative burdens and increased uncompensated care costs for The MetroHealth System.

For all of these reasons, we humbly request CMS reject the Healthy Ohio Waiver application. The proposal is not in the best interest of our patients and the Ohio provider system.

Sincerely,

Akram Boutros, MD, FACHE
President & CEO

NAMI Ohio
National Alliance on Mental Illness The State's Voice on Mental Illness
1225 Dublin Road, Suite 125 • Columbus, Ohio 43215

May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43215

Re: Comment on the "Healthy Ohio" Waiver Request of the Ohio Department of Medicaid

NAMI Ohio respectfully submits the following comments to the Ohio Department of Medicaid in response to its Healthy Ohio waiver request.

NAMI Ohio Background

NAMI Ohio seeks to improve the quality of life and ensure dignity and respect for persons with serious mental illness, and offer support to their families and close friends. NAMI Ohio works collaboratively with its network of 55 local affiliates to educate and support people impacted by mental illness. NAMI Ohio also works with policy makers and the public to raise awareness, destroy stigma, and enact policies that enhance the lives of people affected by serious mental illness.

Reduced Coverage, Cost Shifts, Reduced Support Services & Poor Health Outcomes

The Healthy Ohio program will reduce the number of people covered by Medicaid, which will lead to cost shifts that reduce vital non-Medicaid service resources that communities have to support people recovering from mental health conditions. According to Ohio Department of Medicaid, the introduction of the proposed premiums would lead to a reduction of 126,000 individuals in the first year, as a result of people electing not to enroll in the Medicaid program. These individuals may end up having to receive basic mental health care services financed with local levy dollars from the Alcohol, Drug Addiction and Mental Health Services Boards. If these individuals were still were covered, these basic services would otherwise be financed through Medicaid.

This cost shift to limited local resources will reduce the availability of non-medical, non-Medicaid support services that these boards finance in their communities with their locally raised levy dollars. The non-medical, non-Medicaid support services include housing, supported employment, respite and peer supports, which are vital to the overall recovery of persons living with mental health conditions. The provision of these services keep people healthy and out of more costly systems like hospitals and the criminal justice system.

As mentioned above, the imposition of the proposed premiums payments will result a significant amount of individuals losing their Medicaid coverage in Ohio. It is well established that Medicaid insurance coverage is associated with better health outcomes. So, it is clear that the imposition of the

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components of this waiver would worsen health outcomes for Ohioans. The lack of continuous insurance coverage will lead to gaps in healthcare access and utilization. It will also lead to less efficient forms of health service utilization, like visits to hospital emergency rooms after a health or mental health condition becomes an acute crisis. If these individuals were still covered by Medicaid, they would be more likely to access primary care before the condition becomes a crisis.

Conclusion

For all of the reasons stated above, NAMI Ohio urges the federal Department of Health and Human Services to reject the waiver request in full.

9 May 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Re: Healthy Ohio Program 1115 Demonstration Waiver Request

The 1115 waiver proposal (Healthy Ohio) by the Ohio Department of Medicaid should not be submitted to CMS because it is bad policy. The Healthy Ohio plan will force many families with low incomes to lose healthcare coverage. Insidiously, it has the consequence of increasing health disparities in Ohio. The main outcome of the Healthy Ohio waiver will be to disproportionately cause people of color to lose Medicaid benefits and be left with only "sick care." The waiver also fails to meet any of the Centers for Medicaid and Medicare Services (CMS) criteria under which an 1115 waiver may be approved. For these reasons, the Health Ohio waiver request is unapprovable by CMS and the entire proposal should be rejected.

Healthy Ohio Will Increase Health Disparities in Ohio

The Healthy Ohio waiver would increase health disparities by increasing the number of persons of color that do not have health insurance. Whites make up the majority of the Medicaid recipients in Ohio, but because of race-based income inequality, a much larger percentage of the non-white population must rely on Medicaid to access healthcare. In 2014, 20% of people described as white were on Medicaid, while 42% of people described as black, 33%, of Hispanics and 38% of all other were on Medicaid.[1] Any policy that negatively impacts the population on Medicaid will inescapably harm a larger percentage of Ohio's communities of color.

The Healthy Ohio program will cause many people to lose Medicaid coverage. ODM estimates in its waiver proposal that 126,000 (approximately 15%) will no longer have Medicaid coverage.[2] A greater percentage of people dropped from Medicaid coverage when other states implemented premiums.[3] In Indiana 30% did not make their premium payments.[4] In Maryland, premiums were applied at high income levels, yet 25% of

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[1]Kaiser Family Foundation State Health Facts; Medicaid Coverage Rates for the Non-Elderly by Race and Ethnicity; 2014. http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/

[2] Healthy Ohio Section 1115 Demonstration Waiver Summary." Public Notice and Request for Comment. April 5, 2016. Accessed April 6, 2016. http://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/HealthyOhio-Summary.pdf

[3]Artiga, Samantha and O'Malley, Molley, Increasing Premiums and Cost Sharing in Medicaid and SCHIP; Kaiser Family Foundation May 2005. https://kaiserfamilyfoundation.files.wordpress.com/2013/01/increasing-premiums-and-cost-sharing-in-medicaid-and-schip-recent-state-experiences-issue-paper.pdf

[4]Do Indiana's poor Medicaid recipients really have skin in the game?, IndyStar, February 1, 2016

families dis-enrolled.[5] In Oregon the program with premiums experienced a nearly 50% drop in enrollment, with the largest declines experienced by those with no income (58% drop in October 2003 from 2002 levels).[6]

This disproportionate loss of Medicaid coverage in communities of color will exacerbate the health disparities that exist across race in Ohio. Loss of healthcare coverage leads to inability to get effective healthcare and poor health. Ohio lags the nation with one of the highest infant mortality rates. In 2010, Ohio had the 2nd highest infant mortality rate for black infants. Black infants are twice as likely to die in Ohio during their first year of life compared to white infants—2012 rates of infant mortality were 13.98 per 1,000 live births among black infants and 6.37 per 1,000 live births among white infants.[7] The Healthy Ohio program will make the racial differences in infant mortality even larger. Women without coverage before, and after they are pregnant will contribute to higher infant mortality rates. The health of a baby is critically tied to the mother's health before she has her first obstetrics visit and after she gives birth, not just during the time she is receiving pregnancy care. A woman who has no healthcare insurance may not see a doctor before her pregnancy and start her pregnancy off with untreated health issues, putting the child at risk. A new mother without healthcare insurance may not get a pertussis shot or a flu shot that are critical to protecting her child.

The Healthy Ohio program will exacerbate disparities in chronic disease. Loss of healthcare coverage keeps people from getting critical screenings for conditions and diseases such as hypertension, diabetes and cancer. Lack of healthcare coverage also keeps people from receiving effective disease control and treatment. Chronic disease will increase disproportionately in communities of color if the Healthy Ohio program is implemented. For example, Black Ohioans had the highest prevalence of diabetes (16.0 percent) while Ohioans of "Other" races had the lowest prevalence (5.1 percent).[8] Effective prevention of diabetes requires appropriate collaboration with the person's primary care provider. [9] Without Medicaid coverage and access to healthcare the rate of diabetes will increase disproportionately for black men and women.

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http://www.indystar.com/story/news/2016/02/01/indiana-tests-charging-medicaid-patients-monthly-contribution/79520120/

[5] Maryland's Children's Insurance Program: Assessment of the Impact of Premiums. Department of Health and Mental Hygiene, 2004. https://mmcp.dhmh.maryland.gov/docs/MCHPsurvey-FINAL042604.pdf

[6] McConnell, John and Neal Wallace. Impact of Premium Changes in the Oregon Health Plan. Prepared for the Office for Oregon Health Policy & Research, February 2004. http://www.statecoverage.org/files/Impact%20of%20Premium%20Changes%20in%20the%20Oregon%20Health%20Plan.pdf

[7] Kirwin Institute Issue Brief, Infant Mortality in Ohio, February 2014. http://www.kirwaninstitute.osu.edu/wp-content/uploads/2014/02/ki-infant-mortality.pdf

[8] p 30 The Impact of Chronic Disease in Ohio: 2015. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2015. http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/Chronic%20Disease%20Plan/CD%20Burden%20Final_Webv2.pdf

[9] Postgrad Med. 2010 Jul;122(4):129-43. doi: 10.3810/pgm.2010.07.2180. Prediabetes: the importance of early identification and intervention. Hsueh WA[1], Orloski L, Wyne K

The expected impact on health disparities resulting from the Healthy Ohio program should result in its rejection. Increasing the number of people without healthcare is bad policy. Increasing health disparities in a state that already has significant racial differences in disease burden is unspeakable policy.

Healthy Ohio does not meet any of the criteria for approval

The Centers for Medicare and Medicaid Services (CMS) uses the following criteria when evaluating 1115 demonstration applications:

1. The proposed program increases and strengthens overall coverage of low-income individuals.
2. The proposed program increases access to, stabilize and strengthens providers and provider networks available to serve Medical and low-income populations.
3. The proposed program improves health outcomes for Medicaid and other low-income populations.
4. The proposed program increases the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

The Healthy Ohio program fails to address any of the above criteria under which a waiver request could be approved. In fact the program is only neutral on one of the criteria (access to providers) and is counter to the CMS criteria for the other three. The Healthy Ohio program will reduce the number of people covered; cause declines in the health outcomes of low-income populations; and decrease the efficiency of care for the Medicaid population.

Healthy Ohio will decrease the coverage of vulnerable people with lower income

Requiring payment for participation in Medicaid will cause many low-income people to lose coverage. The Healthy Ohio waiver proposes that in order to have Medicaid coverage the adult Medicaid population at or below 138% of the poverty level (except pregnant women) must make payments. These payments are at their essence premiums. According to Ohio Department of Medicaid, the premiums would lead to a reduction of 126,000 individuals in the first year, as a result of people electing not to enroll.

Premiums for those with Medicaid create financial burdens on those least able to afford them. The U.S. Department of Health and Human Services published research findings in July 2015 that found increased costs make it harder for poor families to access needed health care and maintain coverage. Key findings include: (a) Low-income individuals are especially sensitive to increases in medical out-of-pocket costs; (b) Modest co-payments can have the effect of reducing access to necessary medical care; (c) Medical fees,

premiums, and co-payments could contribute to the financial burden on poor adults who need to visit medical providers.[10]

UHCAN Ohio operates a project called Ohio Enrolls, which assists people to apply for coverage, whether in Medicaid or Marketplace plans. Those people that we see through our Ohio Enrolls project have no disposable income. For example, Ms. B. is a retail clerk and single mother of 4 children who, until she was able to be covered by Medicaid, used the emergency room as her source of care and only sought care when she was too sick to work. Ms. B can't afford the insurance on her job and has little income left to cover out of pocket costs. Ms. W. must rely on bus tickets provided by her managed care plan to get to her doctor appointments and uses a $25.00 incentive she receives every 6 months to help pay for her over the counter medications. Mr. D, laid off from his job almost 2 years ago and still unemployed has no disposable income, and Mr. N, a young man who recently found a job 25 miles from his home - is struggling to put gas in his car to get back and forth to work. These are but a few of the people we see every day. And these are part of the estimated 126,000 who would drop from Ohio's Medicaid rolls if the waiver is approved. They would be forced to go back to using the emergency room for their care, creating more uncompensated care cost that Ohio's providers and tax payers will have to absorb.

Healthy Ohio will not increase access to stabilize or strengthen providers and provider networks

This proposal does nothing to improve the provider network for those on Medicaid. In Ohio access to any providers is difficult and access to Medicaid providers is even more difficult. Ms. S. said she was having a hard time finding a doctor to take her Medicaid card. She had called several doctors suggested by her family and friends and none of them accepted Medicaid. When she called providers on the list from her managed care plan, she also found that several of those doctors did not take Medicaid. Ohio has 137 areas identified as health professional shortage areas for primary care. Over 1.2 million people live in a HPSA. It would require 142 primary care providers in these areas to remove the HPSA designation. The waiver proposal will not improve these conditions. Instead, it is likely that the increased administrative challenge of ascertaining whether patients remain covered by Medicaid may cause primary care physicians to stop seeing Medicaid patients, worsening the already difficult lack of access.

Healthy Ohio will lead to worse health outcomes for Medicaid and low-income populations.

Cost barriers that cause people to drop off of Medicaid coverage will result in more uninsured and increased poor health outcomes. As discussed above, the Healthy Ohio

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[10] Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," United States Department of Health and Human Services, July 16, 2015 at https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deeppoverty

program will cause many people to lose Medicaid coverage. ODM estimates in its waiver proposal that 126,000 (approximately 15%) will no longer have Medicaid coverage. [11] Loss of healthcare coverage leads to inability to get effective healthcare and poor health.[12]

The "incentives" which are the heart of the demonstration are unlikely to result in any real changes in health behavior. The points awarded become part of the core account that can be used to pay co-payments and cost of other qualifying services. However, if there is no money in the core account, the co-payments are waived. This would seem to provide little incentive to a participant. And while funds remaining in the core account at the end of the year can be rolled over, this benefit is too far removed in time to incentivize a participant. If having funds rolled over was an incentive, it might instead cause people to forgo care, and the payment of a co-pay, in order to roll over the funds. A review by the Kaiser Foundation found that the results of incentives in Medicaid programs is varied and that evaluations of some programs have shown no effect. Further, effectiveness of such incentives has been questioned, based on high costs of infrastructure start-up, marketing and administration.[13] The Ohio Department of Medicaid has not described the incentive system with any meaningful detail. It is not possible to tell whether ODM or the plans will structure the incentives in a way that has any chance at success.

The proposed program decreases the efficiency and quality of care for families on Medicaid.

The Healthy Ohio program is inefficient because it will have increased administrative costs for the ODM and the managed care plans without any meaningful change in health of the population. The Healthy Ohio program request does not discuss how the costs of administration will be addressed by the Ohio Department of Medicaid, the Medicaid managed care plans or the providers and hospitals that have to work with the Buckeye Accounts. The Buckeye Accounts will impose significant administrative costs on the part of the Medicaid plans; they will be required to issue the Buckeye Account debit cards and administer the funds that are associated with each card.

The ODM will also have increased costs; it will need to address the dis-enrollment for those that first can't make a payment and re-instatement for those that make catch-up payments. Many of Ohio's county Job and Family Services offices are behind in processing applications for coverage. It is not unusual for us to see people whose

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[11] Healthy Ohio Section 1115 Demonstration Waiver Summary." Public Notice and Request for Comment. April 5, 2016. Accessed April 6, 2016. http://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/HealthyOhio-Summary.pdf

[12] The Uninsured A Primer 2013 – 4: How Does Lack of Insurance Affect Access to Health Care? http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/

[13] An Overview of Medicaid Incentives for the prevention of Chronic Diseases MIPCD grants, Kaiser Commission on Medicaid and the Uninsured, September, 2014. http://kff.org/report-section/an-overview-of-medicaid-incentives-for-the-prevention-of-chronic-diseases-issue-brief-d-grants/

applications have taken 3-6 months to process. Adding the work-load of reinstating those who drop from the rolls as a result of non-payment could be a disaster for Ohio's Medicaid population. Arkansas recently eliminated the imposition of health savings accounts and cost sharing for participants below 100% of the poverty level because of high administrative costs.[14]

For the families in the Healthy Ohio program, the bureaucratic challenges and unnecessary complexity make the program an inefficient way to provide coverage. Core and non-core funding, incentive points, and rules around who can pay the premium all create complexities that will make it challenging to use Medicaid coverage. Health insurance literacy is a key issue for many insured. Many do not understand concepts like preventive services and out-of- pocket cost. The ODM is silent as to how those affected will be educated and supported to understand and manage the Healthy Ohio program.

Conclusion

UHCAN Ohio understands that the Ohio Department of Medicaid is compelled by legislative act to submit the waiver request in its current form to the Center for Medicare and Medicaid Services. However, the Healthy Ohio program should not be approved or implemented. The Healthy Ohio waiver represents a policy that will lead to increased race-based health disparities and will place a burden on all families that use Medicaid to get essential healthcare. The waiver request is unapprovable by CMS and the entire proposal should be rejected.

Steve Wagner, MPH, JD
Executive Director
UHCAN Ohio

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[14] Arkansas Approves Private Option Improving Security for Families, Hospitals & State Budget, Marquita Little, February 06, 2015
http://ccf.georgetown.edu/all/arkansas-governor-hutchison-takes-pragmatic-approach-medicaid-private-option/

May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43215

Re: Comment on the "Healthy Ohio" Waiver Request of the Ohio Department of Medicaid

The Ohio Consumers for Health Coverage respectfully submits the following comments to the Ohio Department of Medicaid in response to its Healthy Ohio waiver request.

Ohio Consumers for Health Coverage (OCHC) is a coalition uniting the consumer voice with the goal of achieving affordable, high quality health care for all. OCHC, with a leadership team of 22 consumer organizations,[1] combines the forces of tens of thousands of health care consumers. Our organizational membership is diverse, representing those with illness and those in good health, those who are insured and those who are uninsured, those with resources, and those of limited means.

I. The Healthy Ohio waiver request Does Not Meet Criteria Established by the Department of Health and Human Services for Approval of a Waiver Request.

The Centers for Medicare and Medicaid Services (CMS) uses the following criteria when evaluating 1115 demonstration applications:

[1] *Ohio Consumers for Health Coverage is a nonpartisan coalition uniting the diverse consumer voice with the goal of achieving affordable, high quality health care for all. Our membership includes Alliance for Retired Americans in Ohio, American Cancer Society Cancer Action Network, Center for Closing the Health Gap, Contact Center, EquitasHealth (Ohio AIDS Coalition), Faith Community Alliance of Greater Cincinnati, Legal Aid Society of Southwest Ohio, National Alliance on Mental Illness of Ohio, National Multiple Sclerosis Society Ohio Chapters, Ohio Asian American Health Coalition, Ohio Citizen Advocates for Addiction Recovery, Ohio Council of Churches, Ohio Federation of Teachers, Ohio Olmstead Task Force, Ohio Poverty Law Center, Progress Ohio, Service Employees International Union District 1199, Stonewall Columbus, Toledo Area Jobs with Justice and Interfaith Worker Justice Coalition, Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP Cincinnati), United Food and Commercial Workers Local 1059, UHCAN Ohio.* www.uhcanohio.org

1. The proposed program increases and strengthens overall coverage of low-income individuals.
2. The proposed program increases access to, stabilize and strengthens providers and provider networks available to serve Medical and low-income populations.
3. The proposed program improves health outcomes for Medicaid and other low-income populations.
4. The proposed program increases the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

The Healthy Ohio program fails to address any of the above criteria under which a waiver request could be approved. The Healthy Ohio program will reduce the number of people covered; cause declines in the health outcomes of low-income populations; and decrease the efficiency of care for the Medicaid population.

1. The Healthy Ohio program will reduce the number of people covered

According to Ohio Department of Medicaid, the premiums would lead to a reduction of 126,000 individuals in the first year, as a result of people electing not to enroll. Other estimates are even higher (See discussion below in Section 3). Premiums for those with Medicaid create financial burdens on those least able to afford them. The U.S. Department of Health and Human Services (HHS) published research findings in July 2015 that found increased costs make it harder for poor families to access needed health care and maintain coverage. Key findings include: (a) Low-income individuals are especially sensitive to increases in medical out-of-pocket costs; (b) Modest co-payments can have the effect of reducing access to necessary medical care; (c) Medical fees, premiums, and co-payments could contribute to the financial burden on poor adults who need to visit medical providers.[2]

2. The proposed program will de-stabilize provider networks available to serve Medical and low-income populations.

In Ohio access to providers who accept Medicaid is particularly difficult. Even with strong managed care penetration many Medicaid enrollees have difficulty securing a primary care physician. The stability of these managed care networks is based on patient volume and the certainty of Medicaid payment, since the amount of Medicaid payment per patient falls short of commercial payment expectations. The requirement that Medicaid enrollees pay a monthly premium will undoubtedly lead to a reduced enrolled population, reducing provider income.

[2] Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," United States Department of Health and Human Services, July 16, 2015 at https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deeppoverty

Moreover, those most likely to sacrifice other bills in order to pay the Medicaid premium will be those with chronic illness, who by virtue of their condition require more intensive physician resources. In addition there will be an increased administrative challenge of ascertaining whether patients remain covered by Medicaid. The decrease in covered patients together with the increased resource inputs required by sicker patients and the increase in administrative burden can only de-stabilize the network of providers.

3. The proposed Healthy Ohio program will worsen health outcomes for Medicaid and other low-income populations.

As discussed above, the system of required premiums payments will result in a significant loss of Medicaid coverage in Ohio. Loss of healthcare coverage leads to inability to get effective healthcare and poor health.[3] The "churn" that would significantly increase under Healthy Ohio is the movement of individuals and families in and out of Medicaid, as family finances are strained and recipients are unable to afford premiums and maintain coverage. People who miss two premium payments will be locked out of the program until they pay what they owe and re-enroll. This lack of continuous coverage will lead to discontinuity of care. The Health Policy Institute of Ohio reported that sustained eligibility - like that fostered under Ohio's current Medicaid expansion and Covered Families and Children program- leads to better utilization of health care and better health outcomes for Medicaid enrollees. When enrollees were able to maintain their eligibility ('fully enrolled'), their outcomes were better, their costs were lower, and ED utilization went down.[4] According to a 2013 study in the Journal of Health Economics, any premium - from virtually zero to $10 - will cause churning of between 12 - 15 percent of the population at any given time.[5] Given that more than a million Ohioans would be subject to the "Healthy Ohio" plan, it may be assumed that up to 150,000 enrollees will drop in and out of enrollment. The lock-out will make it harder to re-enroll and the increased churning will be detrimental to the health of recipients.

4. The proposed program will not increase the efficiency and quality of care for Medicaid enrollees or other low-income populations by transforming service delivery networks.

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[3] The Uninsured A Primer 2013 – 4: How Does Lack of Insurance Affect Access to Health Care? http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/

[4] Health Policy Institute of Ohio, “Medicaid Basics 2015 at http://www.healthpolicyohio.org/wp-content/uploads/2016/03/MedicaidBasics_2015_Final.pdf.

[5] Laura Dague, “The effect of Medicaid premiums on enrollment: A regression discontinuity approach,” Journal of Health Economics 37 (2014) 1-12.

Not only is there nothing in this proposal that would improve efficiency or quality of care for Medicaid enrollees, this request subverts both efficiency and quality by increasing churn. In the previous section we talked about the anticipated turnover of Medicaid recipients as they get behind in their premium payments and lose coverage. Churn disrupts the improvement of quality by constantly changing the pool of enrollees against whom quality must be measured. If persons with diabetes should get an eye exam each year, and many in the pool of enrollees are leaving the pool due to their inability to catch up missed payments, how will the provider offer them an eye exam, or confirm that they had one.

Churn decreases efficiency as the average number of "touches" per Medicaid recipient increases with no corresponding increase in revenue. The health plans will have to repeatedly verify whether a patient's Medicaid "Buckeye Account" is up to date. The Ohio Department of Medicaid will be repeatedly issue notices of lack of payment, expiration of grace period, termination of Medicaid, and re-enrollment in Medicaid.

For the families in the Healthy Ohio program, the bureaucratic challenges and unnecessary complexity make the program an inefficient way to provide coverage. Core and non-core funding, incentive points, and rules around who can pay the premium all create complexities that will make it challenging to use Medicaid coverage. Health insurance literacy is a key issue for many insured. Many do not understand concepts like preventive services and out-of- pocket cost. The ODM is silent as to how those affected will be educated and supported to understand and manage the Healthy Ohio program.

The only possible benefit to Medicaid recipients of the Healthy Ohio waiver is that an extremely small percentage of recipients who obtain employment, and who do not use all of the funds in their Buckeye Account, can then roll over those funds to assist with cost sharing in an employer-sponsored plan. The suggestion, however, that a Healthy Ohio Bridge Account will decrease churn back into Medicaid from private health insurance coverage, and increase the proportion of Ohio residents covered by employer-sponsored insurance or market coverage, shows a lack of understanding of Ohio's current labor market and ignores information from the 2016 Ohio Medicaid Assessment Survey.

The Ohio Medicaid Assessment Survey, a study of the movement between public and private insurance, found that, of the new Medicaid enrollees working in 2015, only 5.7% were eligible for an employer-sponsored program. Most Ohio enrollees who previously had private insurance lost coverage when they became unemployed.[6] Over 80% of the Medicaid enrolled adults are

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6 https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/OMASBriefPublicPrivateSub031416FINAL.pdf.

either working or disabled.[7] In 2015, eleven of Ohio's top twelve occupations did not pay enough to raise a family of three above 200% of the federal poverty level and eight of the twelve left a working family of three below 133% FPL.[8] Unless and until Ohio's labor market and wage scales improve, many responsible working individuals and families will depend on Medicaid to support their ability to work. Erecting barriers to Medicaid harms not only the individuals and families locked out of health care, but also Ohio's economy.

II. The Healthy Ohio Waiver Request If Granted Will Increase Health Disparities in Ohio.

The Healthy Ohio waiver would increase health disparities by increasing the number of persons of color that do not have health insurance. Whites make up the majority of the Medicaid recipients in Ohio, but because of race-based income inequality, a much larger percentage of the non-white population must rely on Medicaid to access healthcare. In 2014, 20% of people described as white were on Medicaid, while 42% of people described as black, 33%, of Hispanics and 38% of all other were on Medicaid.[9] Any policy that negatively impacts the population on Medicaid will inescapably harm a larger percentage of Ohio's communities of color.

According to the most recent data issued by the Ohio Department of Health (ODH), Ohio saw a decline in its overall infant mortality rate from 7.33 in 2013 to 6.8 in 2014. However, **Ohio's infant mortality rate for black babies increased from 13.8 infant deaths in 2013 to 14.3 in 2014**, while for white babies it stands at 5.3 per 1,000 live births (down from 6.0/1,000 over the same time period). The infant mortality rate for black infants is more than twice as high as that of white babies.[10]

The Healthy Ohio program will make the racial differences in infant mortality even larger. Women without coverage before becoming pregnant, and dropped from coverage after they give birth, will contribute to higher infant mortality rates. The health of a baby is critically tied to the mother's health before she has her first obstetrics visit and after she gives birth, not just during

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[7] https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/OMASSLIDEDECK_FINAL(1).pdf.

[8] http://www.policymattersohio.org/sowo-aug2015

[9] Kaiser Family Foundation State Health Facts; Medicaid Coverage Rates for the Non-Elderly by Race and Ethnicity; 2014. http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/

[10] Ohio Commission On Infant Mortality Committee Report, Recommendations, and Data Inventory, March 2016. http://cim.legislature.ohio.gov/Assets/Files/march-2016-final-report.pdf

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the time she is receiving pregnancy care. A woman who has no healthcare insurance may not see a doctor before her pregnancy and may begin her pregnancy with untreated health issues, putting the developing fetus at risk. A new mother without healthcare insurance may not get a pertussis shot or a flu shot, both of which are critical to protecting her newborn child.

The Healthy Ohio program will exacerbate disparities in chronic disease. Loss of healthcare coverage keeps people from getting critical screenings for conditions and diseases such as hypertension, diabetes and cancer. Lack of healthcare coverage also keeps people from receiving effective treatment. Chronic disease will increase disproportionately in communities of color if the Healthy Ohio program is implemented. For example, Black Ohioans had the highest prevalence of diabetes (16.0 percent) while Ohioans of "Other" races had the lowest prevalence (5.1 percent)[11]. Effective prevention of diabetes requires appropriate collaboration with the person's primary care provider.[12] Without Medicaid coverage and access to healthcare the rate of diabetes will increase disproportionately for black men and women.

The expected impact on health disparities resulting from the Healthy Ohio program should result in its rejection. Increasing the number of people without healthcare is bad policy. Increasing health disparities in a state that already has significant racial differences in disease burden is an unspeakable policy.

Conclusion

For all of the reasons stated above, we request that this waiver request not be submitted to the federal Department of Health and Human Services, and if it is submitted, that HHS reject the waiver request in full. We also acknowledge that these comments incorporate in part comments from our members and partners including EquitasHealth Inc., legal services programs and UHCAN Ohio.

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[11] p 30 The Impact of Chronic Disease in Ohio: 2015. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2015. http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/Chronic%20Disease%20Plan/CD%20Burden%20Final_Webv2.pdf

[12] Postgrad Med. 2010 Jul; 122(4):129-43. doi: 10.3810/pgm.2010.07.2180. Prediabetes: the importance of early identification and intervention. Hsueh WA1, Orloski L, Wyne K. https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty

Sample values-based comment from a concerned professional, student or organization

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Email: HealthyOhio@medicaid.ohio.gov

Dear Director McCarthy, 5/7/16

I am writing to express my outrage about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

I work at Neighborhood Family Practice, a Federally Qualified Health Center. I personally work with many very poor individuals who would be significantly and negatively impacted by the changes being proposed.

My opposition to the 1115 waiver as written stems from my values and beliefs that:

- Everyone who lives in the United States deserves health coverage that provides affordable access to quality care.
- As a matter of economic justice, financial barriers to receiving care should be minimized for everyone, especially people with low incomes.
- All people are equal in the eyes of the Lord. The WWJD question is not answered by this proposal.

My specific concerns address the following areas of interest to CMS:

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No, the small monthly fee being charged to even the poorest patients can be a burden for folks living paycheck to paycheck with unexpected emergency expenses. Then falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid.

Does the waiver increase access to and strengthen providers and provider networks?

- No, it does exactly the opposite. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staffs of institutions serving Medicaid patients, as well as the managed care companies in which the patients are enrolled. Many providers will want to help pay contributions into their patients' Buckeye Accounts in order to assure their own reimbursement for services rendered. But because they are forbidden to pay the whole amount, doing so will become an accounting nightmare for them.

Does the waiver improve health outcomes for Medicaid and other low income populations?

- Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly ‘contributions’ under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates.
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and make using Medicaid more complex. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to ‘prepare’ people for the commercial market. I am of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. They are an unproven innovation that, for people with chronic and serious problems, will likely decrease efficiency and quality of care. With high deductibles and health savings accounts, the U.S. will go from a crisis of uninsurance to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, I will recommend to CMS to reject this proposal in its entirety.

Respectfully,

Mary M. Keating

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OHIO HOSPITAL ASSOCIATION

Collaborating to
Ensure a Healthy Ohio

May 16, 2016

John McCarthy, Director
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy:

The Ohio Hospital Association (OHA) appreciates the opportunity to comment on the Healthy Ohio Waiver proposal released to the public on April 15, 2016. OHA represents 220 hospitals and 13 health systems throughout the state of Ohio.

While we share the desire to contain costs of the Medicaid program and prepare Medicaid beneficiaries for eventual transition to the commercial insurance market, our member hospitals have concerns about the implementation of the provisions of this waiver. Ohio hospitals exist to serve patients, and patients with reliable, comprehensive coverage like in today's Ohio Medicaid program allows our members to fulfill that mission. Anything that disrupts coverage disrupts access, and we believe that the Healthy Ohio waiver would leave many Ohioans without access and others in constant transition, on and off the program, which will ultimately add confusion, complexity and cost to the system.

Beyond the concerns we have with respect to the waiver's impact on patients, due to the likely unintended consequences for Ohio hospitals and the communities we serve, we would like to take the opportunity to comment on two operational issues presented by the waiver:

Retroactive Eligibility

The elimination of 90-day retroactive eligibility is inherently unfair to patients and adds administrative burden to providers. Under current law, Medicaid coverage can be retroactive 90 days from the date an applicant is enrolled into the program, if the person's income is at or below the Medicaid eligibility level in during that time period. The way the waiver is written, Medicaid eligibility would not begin until an application is actually approved for Medicaid, the person enrolls in a managed care plan, and makes a first payment into their Buckeye Account.

For providers, this change means claims that traditionally would have been paid at Medicaid rates will now become uncompensated care, the cost of which will likely be shifted to employers and others in Ohio that purchase commercial insurance. This will also result in patients having the burden of unpaid

medical bills that, in most cases, will be turned over to collection agencies and do long-term damage to the financial health of patients. Moreover, retroactive eligibility allows claims to be paid in the sometimes lengthy lag time that occurs while a potential beneficiary is waiting for an eligibility determination. Eliminating the provision would penalize hospitals and patients for administrative delays outside of their control.

In evaluating other states' waiver proposals, CMS has agreed that eliminating retroactive eligibility from the Medicaid program is an untenable policy decision. In an April 5, 2016 letter to Arkansas Governor Asa Hutchinson who had made a similar proposal to CMS, HHS Secretary Sylvia Burwell wrote, "Retroactive coverage is an important Medicaid provision that protects people who need medical care, and who may not know they are eligible for coverage. Retroactive coverage is especially important when issues with a state's eligibility system and enrollment systems lead to unnecessary gaps in coverage."

We recommend preserving retroactive eligibility, as it is a key component to consistent coverage and financial security.

Buckeye Accounts and Co-pays

Although Ohio Medicaid regulations today state that Medicaid enrollees can be charged co-pays for certain services such as non-emergency services obtained in a hospital or emergency room, hospitals generally do not go through the effort of collecting these nominal amounts. In most cases, it will cost a provider more to attempt to collect a co-pay that the amount of the co-pay itself.

Collecting the co-pays required in the Healthy Ohio program could present an administrative burden to hospitals that may not be cost effective. The logistics of how the debit card will work are unknown and raise many questions:

- Will the providers be charged a transaction fee, as they are with commercial credit cards?
- How will the payment be received at the provider and identified to the provider?
- Once the patient presents with their card, can the hospital copy it and upon return of the patient, using the copied card to bill for additional copays or coinsurance?
- In cases where a patient loses his or her card, how can the number be retrieved by the hospital?
- Will it be housed in a field in MITS showing what has been paid to date for the year?
- Are hospitals required to maintain proof of $0.00 payments from the patient's Buckeye Account when payments have been maxed for the year, if MITS and the Buckeye Account balance are out-of-synch and the hospital claim is not paid in full, what is the providers recourse to be made whole?

These unanswered questions leave our members with uncertainty about implementation of the co-pay provisions and experience from other states shows they are difficult to use and expensive to

administer. Any disruptions to the services we provide to patients will affect access to necessary, preventive care and add costs to the system.

Without clear answers to these questions in advance of the waiver's submission, Ohio's hospitals cannot endorse these changes.

Thank you for the opportunity to comment on the Healthy Ohio waiver proposal and your consideration of the hospital industry's perspective in this important matter. We appreciate the Administration's focus on controlling costs, while working to improve health outcomes, and we are committed to working together as an active partner to engage in activities that meet these goals, while still maintaining coverage and access for the most vulnerable Ohioans.

Sincerely,

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May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
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RE: Comments in Opposition to 1115 Demonstration Waiver

I. Introduction

The Ohio Poverty Law Center, the Ohio legal aid programs, the Ohio Domestic Violence Network, the Ohio Association of Community Action Agencies, the Ohio Disability Rights Law and Policy Center, and the Ohio Olmstead Task Force submit these comments in opposition to the Ohio Department of Medicaid's proposed 1115 Medicaid waiver plan. As advocates for Ohio's low-income individuals and families, we have deep concerns about the Ohio Department of Medicaid's (ODM) intent to roll back its current Medicaid system by implementing the Healthy Ohio Program. Imposing premiums and penalties on the most economically fragile Ohioans is not the way to make our state healthier; it is simply a way for ODM to cut people from the current Medicaid program through what is essentially a cost-shifting program. Under the guise of personal responsibility, Ohio's waiver, if granted, will place untenable financial hardship on Ohio's poorest citizens and cause large numbers of people to go without needed medical care.

II. The Healthy Ohio Waiver Does Not Promote the Objectives of the Medicaid Act.

In order for ODM to create and implement Healthy Ohio, it requests waivers of six fundamental precepts of Medicaid. The Center for Medicare and Medicaid Services (CMS) is permitted to grant these requests only if they are for experimental, pilot, or demonstration projects which assist in promoting the objectives of the Medicaid Act. 42 USC 1315(a) requires that the Secretary find that the request:

(1) will test a unique and previously untested use of copayments,

(2) is limited to a period of not more than two years,

(3) will provide benefits to recipients of medical assistance which can reasonably be expected to be equivalent to the risks to the recipients,

(4) is based on a reasonable hypothesis which the demonstration is designed to test in a methodologically sound manner, including the use of control groups of similar recipients of medical assistance in the area, and

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(5) is voluntary, or makes provision for assumption of liability for preventable damage to the health of recipients of medical assistance resulting from involuntary participation. 42 U.S.C.A. § 1396o (West).

In addition, there are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will:

- Increase and strengthen overall coverage of low-income individuals in the state; and
- Improve health outcomes for Medicaid and other low-income populations in the state.

Ohio's application, as described in the Healthy Ohio Program 1115 Demonstration Waiver released April 15, 2016, fails to meet these criteria and should not be pursued by Ohio or granted by CMS.

A. Healthy Ohio is Not Unique and has No Demonstrative Value.

1. <u>Co-Payments and Health Reimbursement Accounts Have Already Been Unsuccessfully Tried in Other Medicaid Programs.</u>

CMS has already granted waivers to other states – including, but not limited to, Arizona, Iowa, Indiana, Michigan, Montana, and Pennsylvania – to implement similar premium/cost sharing requirements for Medicaid beneficiaries. There is no demonstrated experimental value in adding another state to that list. The only thing that makes the ODM waiver request unique is that it extends the mandatory premium/cost-sharing requirement to individuals and households living below 50% of the federal poverty level (FPL). Indeed, under the ODM plan, persons with incomes as low as 1% of the FPL (near-zero income) and living in extreme poverty would have to pay a monthly or annual premium. Ohio does not need an experiment to show that individuals living in extreme poverty simply do not have the resources to meaningfully engage in Medicaid cost sharing.

The centerpiece of ODM's proposal, the Buckeye Account, is modeled upon Indiana's POWER Accounts, which are a central feature of HIP Plus. Ohio proposes elements of an HSA-like account that are more complicated than Indiana's project. Independent analyses of Indiana's available data and reporting raise serious questions about the experiences for the consumers in Indiana. In addition, CMS has commissioned its own study of Indiana's HIP 2.0, which should be completed by the end of 2016. Other states besides Indiana – including Arizona, Arkansas, Iowa, Kentucky, Michigan, and Montana – have implemented or plan to implement similar health savings account schemes. CMS should not approve any further HSA-like proposals until the existing demonstration projects have been thoroughly evaluated.

2. <u>Healthy Ohio Will Not Increase the "Cost-Conscious" Use of Medicaid.</u>

ODM's stated purpose for the Healthy Ohio Program is to introduce non-disabled Medicaid recipients to a consumer-driven healthcare model where they will be incentivized to use their insurance in a "cost-conscious manner." However, the model makes no mention as to how Ohio Medicaid recipients will be able to comparison shop and actually make conscious decisions on choosing more cost-effective health care. NHeLP, in its analysis of Health Expense Accounts in Medicaid, found that comparison shopping was nearly impossible for Medicaid recipients

because of a lack of price transparency.[1] Studies have found that when faced with co-payments and deductibles, individuals tend to reduce as much on essential care as less necessary care, which can lead to more expensive health interventions like hospital stays and emergency room visits.[2]

In addition to a lack of price transparency, Medicaid recipients face additional hurdles to comparative health care shopping. Many Medicaid beneficiaries lack transportation to allow them to go across town for a cheaper test; they must depend on health care that is close to home, regardless of how the cost compares elsewhere. Many have limited telephone minutes and cannot use them on hold with a variety of doctor offices to comparison shop, do not have internet access to comparison shop online, and do not have child care to utilize while they obtain second opinions on health care decisions. The state's transition to managed care itself remains a huge learning curve for Medicaid beneficiaries who commonly do not understand the concept. A movement to health reimbursement accounts, a switch confusing to professionals in employer-based plans, would be overwhelming and often unusable for this population.

Current, successful, health care movements are going in the opposite direction of the Healthy Ohio waiver. Instead of requiring individuals to take additional steps to receive needed care, models have moved toward patient-centered medical homes, coordinated care, and addressing social determinants of health to truly treat and improve population health. Over the last decade, ODM has funded programs aimed at payment reform focused on quality over quantity, has implemented MyCare Ohio which aims to coordinate Medicaid and Medicare services in part through a care team, and has instituted continuous coverage for children to avoid churn and gaps in health coverage. The Healthy Ohio waiver is a step backward from those efforts.

B. Healthy Ohio Does Not Provide Benefits to Recipients That Can Reasonably Be Expected to Outweigh the Harm.

The only possible benefit to Medicaid recipients of the Healthy Ohio waiver is that an extremely small percentage of recipients who obtain employment, and who do not use all of the funds in their Buckeye Account, can then roll over those funds to assist with cost sharing in an employer-sponsored plan. The suggestion, however, that a Healthy Ohio Bridge Account will decrease churn back into Medicaid from private health insurance coverage, and increase the proportion of Ohio residents covered by employer-sponsored insurance or market coverage, shows a lack of understanding of Ohio's current labor market and ignores information from the 2016 Ohio Medicaid Assessment Survey.

The Ohio Medicaid Assessment Survey, a study of the movement between public and private insurance, found that, of the new Medicaid enrollees working in 2015, only 5.7% were eligible for an employer-sponsored program. Most Ohio enrollees, who previously had private

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[1] NHeLP, Q&A: Health Expense Accounts in Medicaid, David Machledt & Jane Perkins, March 4, 2015.

[2] Emmett B. Keeler, *Effects of Cost Sharing on Use of Medical Services and Health*, 8 MED. PRACTICE MANAGEMENT 317 (1992), http://www.rand.org/pubs/reprints/RP1114.html. For a broader discussion of the relationship between health care utilization and deductibles, *see* Katherine Swartz, Robert W. Johnson Found., *Cost-Sharing: Effects on Spending and Outcomes*, 4 (2010), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2010/rwjf402103/subassets/rwjf402103_1.

insurance, lost coverage when they became unemployed.[3] Over 80% of the Medicaid enrolled adults are either working or disabled.[4] In 2015, eleven of Ohio's top twelve occupations did not pay enough to raise a family of three above 200% of the federal poverty level and eight of the twelve left a working family of three below 133% FPL.[5] Unless and until Ohio's labor market and wage scales improve, many responsible working individuals and families will depend on Medicaid to support their ability to work. Erecting barriers to Medicaid harms not only the individuals and families locked out of health care, but also Ohio's economy.

1. <u>The Lock-Out Provisions Will Stop Individuals From Re-Enrolling in Medicaid Leaving Individuals Without Access To Coverage.</u>

The "churn" that would significantly increase under Healthy Ohio is the movement of individuals and families in and out of Medicaid, as family finances are strained and recipients are unable to afford premiums and maintain coverage. People who miss two premium payments will be locked out of the program until they pay what they owe and re-enroll. This lack of continuous coverage will lead to discontinuity of care. The Health Policy Institute of Ohio reported that sustained eligibility – like that fostered under Ohio's current Medicaid expansion and Covered Families and Children program – leads to better utilization of health care and better health outcomes for Medicaid enrollees. When enrollees were able to maintain their eligibility ('fully enrolled'), their outcomes were better, their costs were lower, and ED utilization went down. [6] According to a 2013 study in the Journal of Health Economics, any premium – from virtually zero to $10 – will cause churning of between 12–15 percent of the population at any given time.[7] Given that more than one million Ohioans would be subject to the "Healthy Ohio" plan, it may be assumed that up to 150,000 enrollees will drop in and out of enrollment. The lock-out will make it harder to re-enroll and the increased churning will be detrimental, and sometimes dangerous, to the health of recipients.

2. <u>The Healthy Ohio Waiver Does Not Adequately Propose Any Real Benefit to Medicaid Recipients.</u>

The proposed Healthy Incentive Point System allows members to earn "points" by completing healthy behaviors. In addition to the complexity of the proposed incentive point system, the ODM proposal provides little or no information as to what healthy behaviors would be covered by the incentive points system and there are no proposed wellness targets or standards. The proposed demonstration waiver merely provides that "standards for the awarding of points by the State and by providers will be further detailed prior to waiver implementation." There is no

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[3] https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/OMASBriefPublicPrivate Sub031416FINAL.pdf.

[4] https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/OMASSLIDEDECK_FINAL(1).pdf.

[5] http://www.policymattersohio.org/sowo-aug2015.

[6] Health Policy Institute of Ohio, "Medicaid Basics 2015 at http://www.healthpolicyohio.org/wp-content/uploads/2016/03/MedicaidBasics_2015_Final.pdf.

[7] Laura Dague, "The effect of Medicaid premiums on enrollment: A regression discontinuity approach," Journal of Health Economics 37 (2014) 1-12.

timeline for developing those standards and they are not part of the State's waiver request proposal.

The State has not identified how many persons would benefit from the proposed incentive scheme, what healthy behaviors would be promoted, or how the program would be explained to participants. Indeed, the sheer complexity of the proposed "points" system and the low likelihood that Medicaid beneficiaries will understand the program would seriously impede any meaningful participation in this demonstration project.

Moreover, based on the very limited information in the proposed Ohio waiver and the underlying statutory language in the Ohio budget bill, certain activities that could generate incentive points clearly discriminate against low-income families. Lack of transportation, living in neighborhoods with few "healthy food" outlets, volatile and erratic work schedules, and lack of bank accounts would greatly impede the ability of many low-income Ohioans to implement the incentive measures and thereby gain incentive points. The Ohio waiver plan proposes no steps to address those barriers.

Finally, research on the effectiveness of incentives to encourage changes in consumer behaviors has produced mixed results.[8] Ohio's convoluted proposal of earning and using incentive points will add nothing unique to the existing rubric of ideas already under scrutiny. The ten-state Medicaid Incentives for the Prevention of Chronic Diseases (MIPCD) program, currently underway, will provide a broader base from which to design and evaluate incentive programs. No additional healthy incentive programs should be approved until the final results of the MIPCD program have been evaluated.

3. <u>Eliminating the Three-Month Retroactive Coverage Period Will Lead to Large Amounts of Medical Debt and Uncompensated Care.</u>

Currently in Ohio, Medicaid applicants with medical bills incurred in any of the three months prior to application, may request retroactive coverage for those months. This "look-back" period allows those who have incurred medical bills while uninsured, to get Medicaid coverage if they meet eligibility requirements for the months in question. This means that uninsured people, who were eligible for but not receiving Medicaid at the time of a catastrophic accident, illness or criminal assault, can get their medical bills covered. This retroactive coverage is eliminated in the Healthy Ohio waiver. The waiver will not allow Medicaid coverage to begin until the first premium payment is made. Thus, since premium payments cannot be paid retroactively, there can be no retroactive coverage.

The implementation of Healthy Ohio would mean that someone who enters the hospital, extremely ill and unable to actively engage in a Medicaid application, will be left with the bills for all of her hospital stay prior to the payment of her first premium. This will be true even if, at the time she entered the hospital, she met all of the Medicaid eligibility requirements and was too ill to complete the enrollment process and pay her premium. This individual is immediately saddled with potentially life-altering medical debt, even though she was Medicaid-eligible at the

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[8] http://kff.org/medicaid/issue-brief/an-overview-of-medicaid-incentives-for-the-prevention-of-chronic-diseases-mipcd-grants/

time those debts were incurred. Since it is extremely unlikely that low-income people in this situation will be able to pay off this medical debt, hospitals will see a rise in uncompensated care. Both the individual and the health care provider are much worse off under the Healthy Ohio program than they are under current Medicaid rules.

C. Healthy Ohio is Projected to Substantially Decrease the Overall Number of People on Medicaid.

ODM is asking CMS to allow it to change eligibility not only in the Medicaid expansion category, but also for all other non-disabled adults. This includes many of Ohio's most vulnerable populations: parents with income below 90% FLP, low-income 18-, 19- and 20-year-olds, children aging out of foster care, and women with breast and cervical cancer. All of these groups will be subject to premiums, a lock out from coverage if those premiums are missed, and no retroactive coverage to reduce medical debt.

According to ODM, Healthy Ohio will lead to a reduction of 126,000 individuals in the first year following its implementation.[9] Independent researchers estimate an even greater decline in that first year.[10] For each successive year of the proposed waiver, ODM projects ever larger decreases in enrollment. Because ODM's projections are based only on the assumption of an 85% penetration rate (i.e., 15% of the eligible population will simply chose not to enroll), the estimated declines fail to account for the inevitable drops in enrollment caused by lock out for failure to pay premiums. This is simply unacceptable. A project that predicts, and indeed relies upon for budget neutrality, the loss of hundreds of thousands of participants over a four-year span, will do significant harm to Ohio. None of the supposed benefits listed by ODM can outweigh this devastating harm.

D. The Cost-Sharing Provisions Will Decrease Access to Care and Will Cause Individuals to Forego Needed Care.

Ohio's plan will charge recipients a monthly fee of 2% of their monthly income, or $99 a year, whichever is less. This calculation means that Ohio's poorest families and individuals will pay a higher percentage of their monthly income than those at the higher end of the scale. For example, a single person living at 10%FPL, or with gross income of $99 a month, will pay a monthly premium of $1.98 or exactly 2% of her income. While another single person, living at 138% of poverty, with income of $1367 per month, will pay $8.25 per month – or about 0.6% of her monthly income.

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[9] Ohio Department of Medicaid, Healthy Ohio Section 1115 Demonstration Waiver Detail." Public Notice and Request for Common, April 5, 2016, http://medicaid.ohio.gov/PORTALS/0/Resources/PublicNotices/HealthyOhio-Deatial.pdf.

[10] Comments by Center for Community Solutions on Healthy Ohio 1115 Demonstration Waiver, filed with the Ohio Department of Medicaid on April 21, 2016, http://www.communitysolutions.com/assets/docs/Health_Policy/2016/healthy%20ohio%20comments%20for%20the%20ohio%20department%20of%20medicaid%20_04212016.pdf.

1. Premiums Imposed on Beneficiaries with All Levels of Income Would Be Devastating.

Imposing these premiums on Ohio's lowest income, and most vulnerable citizens makes their ability to maintain the most basic standard of living even more tenuous. A person living at 50% of the poverty rate, or $495 in gross monthly income, must pay $8.25 a month if he wants Medicaid. If he is lucky enough to live in subsidized housing, he will pay about $150 for rent and utilities. Otherwise, market-rate rent could take up the remainder of his income. If this person has children, there will be child care expenses or school-related costs, as well as higher food and transportation costs. Even if this person/family gets Food Assistance to help supplement their food costs, this will not pay for all of their food, or cover necessary items like clothing, toilet paper or, diapers. Ohio will now be asking a new group of people to decide between paying for health care and paying for food and other necessities.

A large body of research over the years also shows that cost-sharing for services outside of the ER reduces healthcare used by poor families, results in discontinuous use, or forces families to choose between gas, food, rent, and other necessities. For example, the Rand Corporation's Health Insurance Experiment study – a long-term, experimental study of cost-sharing – found that low-income individuals who were subject to cost-sharing were significantly less likely to receive effective acute care than those not subject to cost-sharing.[11] By contrast, the study found that the provision of healthcare without cost improved hypertension, dental health, vision, and selected serious symptoms among the sickest and poorest patients.[12] Here in Ohio, Metrohealth Hospital's early experiment with Medicaid expansion found that the expansion of readily accessible care, without cost, enhanced health.[13]

2. Administrative Hurdles Will Add Cost and Present Further Barriers to Coverage.

In addition, there is no discussion in the waiver as to how people will actually pay their premiums, and how the physical act of paying these premiums will impose extra burdens on low-income households. Those lucky enough to have a bank account and steady employment, can set up an Electronic Funds Transfer (EFT), easily pay their premiums electronically and earn extra incentives from the State. However, many low-income people do not use or have access to traditional bank accounts. Do they have to travel to their county Job and Family Services (JFS) office to make a payment in person? Or to the offices of their Managed Care Plan? The waiver offers no answers to these questions.

In the City of Cincinnati, it will cost an adult a minimum of $3.50 for a roundtrip bus fare to travel to JFS or their MCP to pay a premium. Add that $3.50 on to the $8.25 premium, and the person living at 50% FPL is now paying $11.75 per month, or 2.4% of her monthly income for

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[11] Robert H. Brook, et al., The Health Insurance Experiment: A Classic Rand Study Speaks to the Current Health Care Reform Debate," http://www.rand.org/pubs/research_briefs/RB9174.html.

[12] Id.

[13] Randall D. Cebul, Thomas E. Love, Douglas Einstadtler, Alice E. Petrulis, and John R. Corlett, "MetroHealth Care Plus: Effects of a Prepared Safety Net on Quality of Care in a Medicaid Expansion Population," Health Affairs, July 2015, Vol. 34 No. 7, 1121-1130, at http://content.healthaffaris.org/content/34/7/11121.abstract.

Medicaid. Reliable mass transportation is unavailable to most outside of major metro areas. For those in the more rural part of Ohio, without access to public transportation, the options to pay are even more limited. These hidden fees mean that many people will pay more than 2% of their income for Medicaid, and will be unable to afford to maintain coverage.

3. The Healthy Ohio Waiver Will Have an Adverse Effect on Access to Health Care for Children and Pregnant Women.

While the proposal would not technically apply to the children in the household, studies have shown that kids are less likely to visit the doctor if their parent does not have coverage. When Mom drops off coverage after being unable to pay the premium for two months, it's easy to see how the children are likely to also stop getting medical care. This will increase the use of emergency rooms and decrease preventive care – two results that will threaten the health of Ohio children.

If the Healthy Ohio Program is implemented, pregnant women will get coverage the month their Medicaid application is approved. Under existing regulations, Medicaid is approved as of the first day of the month of application, regardless of when the county JFS approves the application. Over the last two years, since Medicaid expansion, we have seen delays at counties of 90+ days for Medicaid application processing. At a recent community meeting, we heard multiple stakeholders describe wait times of six to nine months. This proposed change means that pregnant women must either pay out-of-pocket for care while they wait for their Medicaid application to be approved, or they forego care. Based on our experience, and national studies, we know what will happen – they will forego care, because they cannot afford to pay. Despite Ohio's terrible infant mortality rate, and an alleged commitment by the state government to reduce the rate, the proposed Healthy Ohio Program would seriously jeopardize the health of pregnant women, thereby placing our youngest and most vulnerable citizens at even higher risk.

E. Healthy Ohio is Not Voluntary.

There is no voluntary aspect to the Healthy Ohio waiver. Instead, all non-disabled adults regardless of income or family status would be required to enroll.

III. Conclusion

The Secretary may only approve 1115 demonstration waiver projects which are likely to assist in promoting the objectives of Title XIX 42 U.S.C. 1315(a). Section 1315(a) was not enacted to enable states to save money or to evade federal requirements, but to "test out new ideas and ways of dealing with the problems of public welfare recipients." S.Rep. No. 1589, 87th Cong., 2d Sess. 20, *reprinted in* 1962 U.S.C.C.A.N. 1943, 1961. The Secretary must consider the impact of the proposed demonstration project on those the Medicaid Act was enacted to protect. *Newton-Nations v. Betlach*, 660 F.3d 370, 380 (9th Cir. 2011).

Medicaid is designed to enhance, not limit, access to health care. Ohio's proposal, which forecasts a significant decrease in enrollment, and locks all members out of coverage regardless of income level for failure to pay premiums, defeats the objectives of the Medicaid program by creating unnecessary barriers to enrollment and access to care. As a result, we urge Ohio not to pursue this waiver, and ask CMS to reject the waiver request.

Thank you for the opportunity to comment on Ohio's 2016 Combined State Plan. If you have questions or would like further information on the issues raised by these comments, please contact Mike Smalz, msmalz@ohiopovertylaw.org, Linda Cook, lcook@ohiopovertylaw.org, Regina Campbell, rcampbell@lascinti.org, or Katie McGarvey, kmcgarvey@columbuslegalaid.org.

Sincerely,

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Healthy Ohio Program 1115 Demonstration Waiver 5/13/16
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town Street, 5th Floor
Columbus, OH 43218

Dear Director McCarthy:

The undersigned medical providers specializing in HIV medicine appreciate the opportunity to submit comments regarding the Healthy Ohio Section 1115 Demonstration Waiver. The Medicaid program is a critical source of health care coverage for many of our patients, particularly since the expansion of the program to include single adults and families up to 138% of the federal poverty level. We are writing to raise concerns that the proposed Healthy Ohio waiver could jeopardize access to Medicaid coverage for our patients with HIV and other low income Ohio residents, thereby limiting their access to medical providers and medications and ultimately compromising their health as well as the health of their community.

As background on why maintaining Medicaid coverage is so important to our patients, individuals with HIV can stay healthy with a near normal life expectancy if they are diagnosed early and maintain ***uninterrupted*** access to comprehensive health care services, including medications that control HIV[1]. However, disruptions in HIV care and treatment can cause serious harm to a patient's immune system and jeopardize future treatment success due to the development of drug resistant virus. HIV treatment failures are costly because sicker patients require more intensive interventions, such as inpatient hospitalization and additional complex medication regimens to target drug resistant HIV.

Furthermore, effectively managing and treating HIV infection results in better outcomes not only for the patient, but also for public health because when a patient's viral load is suppressed on medications their risk of transmitting the virus to others drops to near zero[2]. So an interruption in therapy not only jeopardizes the health of that individual, but may lead to new HIV infections in the community as well when the viral load rebounds as treatment is halted.

Below we briefly summarize our chief concerns with the proposal. In addition to the two issues highlighted below, we are worried that the complexity of the proposal will make it challenging for patients to enroll and maintain their enrollment in Medicaid and for their providers to help them.

Mandatory Monthly Member Contributions: The requirement for beneficiaries (except pregnant women) who earn any amount of income to contribute an upfront monthly fee to a Health Savings Account (HSA) of 2% of their income, up to $8.25 a month or $99 a year will be a barrier to our patients. While these fees may appear nominal, our patients with HIV who live on very low income levels often struggle to meet their basic living needs. In addition, many of our patients have complicated lives, lack transportation and may not have regular Internet access – factors that make it challenging logistically and administratively for them to make a monthly payment. We strongly believe that the requirement of

a monthly contribution by beneficiaries to the HSA with dis-enrollment of patients for a failure to pay the monthly fee will severely limit access to healthcare coverage and providers for our HIV patients. Continuity of medical treatment is critical in those with HIV infection to reduce future medication and hospital costs, as well as to prevent new transmission of HIV to others.

Payment Support from Ryan White-funded Programs: We understand that employers and non-profit organizations may pay up to 75% of a patient's monthly fee, but the patient must still pay at least 25% of the fee. If the monthly fee is maintained, we strongly advocate allowing employers and non-profit organizations to pay up to 100% of the monthly contribution fee to ensure continuity of coverage and to reduce administrative burden. We also urge ODM to specify that clinics and other service providers that receive funding from the Ryan White HIV/AIDS Program are eligible to pay the monthly contribution fee, regardless of their practice settings.

While we support empowering patients as decision-makers in their health care and service utilization, we strongly believe that instituting mandatory monetary contributions could place patients' health and lives at risk because they are poor. **The Healthy Ohio plan will limit access of HIV patients to medical coverage and providers, denying them the excellent health outcomes now available with HIV treatment**. This does not appear to meet the CMS criteria for a waiver.

Thank you for the opportunity to comment on the Healthy Ohio proposal. We would welcome the opportunity to meet to discuss the proposal and its potential impact on patients with HIV.

(Opinions expressed are those of the following individuals. Institutions are included for identification purposes, not for attribution to the institution.)

[1]May M et al. Impact on life expectancy of HIV-1 positive individuals of CD4 cell count and viral load response to antiretroviral therapy AIDS 2014, 28:1193–1202.
[2] Cohen, Myron S., et al. Prevention of HIV-1 Infection with Early Antiretroviral Therapy. 2011 New England Journal of Medicine 493-505: V365, no 6, http://www.nejm.org/doi/full/10.1056/NEJMoa11052

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Dear Ohio State legislator;

I have received word that you and your colleagues are about to alter the Medicaid provisions under which the preponderantly poor people of the State receive federal health benefits which date back to the days of the Truman administration.

THIS IS A MANIFESTLY UNFAIR AND REGRESSIVE PIECE OF LEGISLTATION you are about to enact, one that will not withstand Federal scrutiny and approval, yet alone Supreme Court review.

As a front-line Medical systems worker at HealthSpan Physicians Inc., I see every day how the Prevention mechanisms of Medicaid and the Affordable Health Care Act are extending lives and encouraging poor folk to adopt healthier lifestyle habits. This is over and above the emergency care and direct hospital/physician treatment aspects of Medicare and is a cost-saving provision itself.

Who amongst you (to paraphrase Kant) cannot have mercy and consideration for the "least of these"…those who for one reason or another cannot afford the minimum health services that would ensure survival for just a little longer? Whoever you are, you should be ashamed. You should also know that Medicaid disproportionately acts as a safety belt for predominantly Caucasian, rural folk,….not the people of color that you are so afraid of helping.

The situation also defies logic, as: a.) The Affordable Care Act has resulted in $1Billion less annual expenditures for Ohio than had been forecast; b.) the resultant Administrative costs would cost the State more than the Medicare continuance itself, 90% financed by the Federal government.

I am sharing copies of this missive with Senators Brown and Portman, both of whom tend to take a logical and reasoned approach to this matter of affordable health care, along with Representative Martha Fudge (likewise).

As a healthcare professional, I stand ready to assist any of you who might be willing to pursue the FACTS of this matter.

Sincerely,

RLW

Roger L. Williams
Science writer, HealthSpan Physicians

OHIO PSYCHIATRIC PHYSICIANS ASSOCIATION

A District Branch of the American Psychiatric Association

Dedicated to promoting the highest quality care for people with mental disorders and to serving the professional needs of Ohio's psychiatric physicians.

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May 13, 2016

John B. McCarthy
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy,

We are writing to you from the Ohio Psychiatric Physicians Association—a professional association with more than 1000 members committed to promoting universal access to the highest quality of care and prevention for individuals with mental illness—in regard to the proposed Healthy Ohio Section 1115 Medicaid Demonstration Waiver.

We believe that our healthcare system should be designed to empower all Ohioans to engage in preventive care, develop health-promoting lifestyles and take personal responsibility for their health. We also believe that insurance redesigns towards this end should be incentive-based rather than punitive, and should focus on inclusion of more individuals into the healthcare system where they can actively participate, rather than on exclusion.

We are writing to express our concern that the waiver proposal as currently written will have the effect of limiting access to care for Ohioans who are most in need of coverage as a means to achieve health engagement and personal responsibility.

Additionally, based upon our collective experience of working with Ohioans who have serious and persistent mental illness, we believe that the requirements that would be placed on Medicaid enrollees would be unduly burdensome to many of our patients.

Thank you for taking our concerns into consideration.

Sincerely,

Alan Levy, MD
President

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Ohio Council of Churches

May 10, 2016

The Ohio Council of Churches joins many non-profit organizations that are strongly opposed to the Ohio Legislature's request to change Ohio's Medicaid program to one that punishes the poorest among us entitled "Healthy Ohio Program". We join the *Columbus Dispatch* in urging Medicaid to reject their request. The unfairness of this plan places all of the financial responsibility on the poorest among us.

This is the same legislature that was opposed to Governor Kasich's decision to allow Ohio to accept the federal funding for Medicaid because it was under Obamacare. The result has been overwhelmingly positive in the improvement of the health and well-being of those least able to afford healthcare insurance. It has had a very positive effect on the use of emergency rooms in Ohio hospitals.

We believe that it has helped reduce the severity of illness of poor Ohioans, as they were able to get primary care early in their illness. If the program is approved a large number of poor families will once again be forced to crowd the emergency rooms.

We stand in opposition to the "Healthy Ohio" Medicaid Waiver request.

Sincerely,
Rebecca Tollefson, Executive Director

6161 Busch Blvd., Suite 100, Columbus, OH 43229-2553

OPHA
Ohio Public Health Association

April 22, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, Ohio 43218

RE: Written Comments on the Healthy Ohio 1115 Medicaid Waiver Application

Dear Director McCarthy:

The Ohio Public Health Association is submitting this written commentary regarding the 1115 Medicaid Waiver Application because of its potential to disrupt coverage and negatively impact the health of our state's most vulnerable population.

It is the mission of the Ohio Public Health Association (OPHA) to be an inclusive voice for public health and ensure the opportunity for every Ohioan to achieve his/her optimal level of health. The OPHA has over 600 registered members who work in state and local health departments, universities and academic settings, non-profit and community based organizations, and private sector settings. We represent thousands of public health professionals including physicians, nurses, epidemiologists, health educators, optometrists, chiropractors, administrators, and registrars.

As a result of the 2014 extension of Medicaid coverage in Ohio to adults up to 138% of the federal poverty level, over 640,000 more Ohioans now have health insurance coverage that allows them to access preventive as well as sick care services. Approval of the proposed 1115 waiver would create the following deleterious changes for the over 1 million citizens of Ohio currently covered by Medicaid:

- **Imposition of an annual premium regardless of where a covered individual falls on the federal poverty level scale.** Imposition of premiums in other states has directly contributed to declines in enrollment. Declines in enrollment will result in an increase in Ohioan's without health care coverage, leading to increased use of emergency rooms for health care needs which results in increased costs to the health care system. In the state of Oregon, Medicaid enrollment dropped by 77% following the imposition of annual premiums.

- **"Lock-out" provision for enrollees who fail to pay the required premium.** The proposed waiver includes a "lock-out" provision for enrollees who fail to pay a monthly premium for 60 days. The proposed "lock-out" would continue until the enrollee paid all outstanding

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premium costs. This "lock-out" would result in no health care coverage for the individual affected, without consideration of circumstances that may have led to inability to pay the monthly premium.

- **Modified health savings accounts and debit cards for co-pays and other health care related costs for enrollees.** Implementing and administering such a system will be very costly and create more complexity for Medicaid enrollees utilizing their health care benefits. The state of Arkansas recently eliminated its system of health savings accounts and cost-sharing requirements for participants at or below 100% of the federal poverty level due to high administrative costs in running the system.

- **Annual and lifetime benefit caps.** The proposed waiver includes annual and lifetime benefit caps for the Healthy Ohio Program even though such caps were made unlawful under the Affordable Care Act.

As included in the proposed 1115 waiver application, these changes outlined above would negatively impact approximately 41% of the current Medicaid population, which also happens to be our state's most vulnerable population. Therefore, the Ohio Public Health Association wishes to emphatically express our non-support of the Healthy Ohio waiver application.

Sincerely,

Claire Boettler, MPH, RN
President

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May 11, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

Dear Director McCarthy:

Thank you for the opportunity to comment on Ohio's Healthy Ohio Program 1115 Demonstration Waiver. We are concerned that the Healthy Ohio waiver proposal, as statutorily required, will result in loss of Medicaid coverage for foster youth in Ohio and consequently their access to vital behavioral and physical health care that is crucial as they transition into young adulthood.

We understand that the waiver reflects the intent as included in the statutory language directing its development and submission. Nevertheless, we appreciate the opportunity to submit these comments highlighting the impact of the Healthy Ohio waiver proposal on Ohio's foster youth.

Sincerely,

Angela Sausser
Executive Director

Mary Wachtel
Legislative Director

Healthy Ohio Program 1115 Demonstration Waiver
Public Children Services Association Comments
May 2016

The Public Children Services Association of Ohio (PCSAO) is a membership-driven association of Ohio's county Public Children Services Agencies that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. We have reviewed the Healthy Ohio 1115 Demonstration Waiver and offer the following comments on the waiver proposal's impact on one of Ohio's most vulnerable populations, youth in foster care and those who have aged out of foster care without a permanent family (former foster youth).

Children enter agency custody (foster care) when an investigation by a public children services agency (PCSA) determines that the child cannot safely remain at home. Sadly, some children enter agency custody not because of abuse or neglect, but because their parents have been forced to relinquish custody in order to access treatment for their child's severe behavioral health needs. Regardless of their particular set of circumstances, by and large, children who are removed from their homes have experienced some sort of trauma. As a result, children and youth in foster care have high rates of acute and chronic medical, mental health and developmental problems[1],[2].

Recognizing this need, children and youth in foster care are categorically eligible for Medicaid coverage when they enter agency custody. In addition, former foster youth who were in agency custody when they turned 18 are eligible for Medicaid coverage until they reach age 26, mirroring the provision within the Affordable Care Act that allows young adults to remain enrolled on a parent's employer-based coverage plan up to age 26. This coverage is critical for this population who face significant challenges as they transition to living on their own, including limited education and employment experience, relatively poor mental and physical health, and comparatively high rates of homelessness, incarceration, and early parenting.

PCSAO has appreciated your leadership during the current Medicaid behavioral health redesign process and planning for the transition of foster youth into Medicaid managed care for physical health. It is critically important that the unique needs of the foster youth population are accounted for and can be fully met.

We are concerned that the Healthy Ohio waiver proposal, as statutorily required, will result in loss of Medicaid coverage for foster youth in Ohio and consequently their access to vital behavioral and physical health care that is crucial as they transition into young adulthood. These concerns can be summarized in two main areas, eligibility and cost sharing.

Eligibility: We are disappointed that the exemption for wards of the state does not extend to youth ages 18 and over who are in custody of a public children services agency, or for youth who were formerly in foster care. Youth remain in agency custody beyond age 18 for a variety of reasons; some in order to finish their high school education, some remain through age 21 when they can transition to another system such as developmental disabilities, and others remain to continue receiving needed services and support. The number is not insignificant, in SFY2015, nearly 1570 youth ages 18-21 were in agency custody.[3] This number is projected to rise by 1000 per year if Ohio moves forward with plans to implement extended foster care services to youth until the age of 21, as called for in House Bill 50 and Senate Bill 240, currently under consideration in the General Assembly and supported by a significant number of Representatives and Senators.

The inclusion of youth ages 18 and over who are in agency custody separates children in agency custody into two separate Medicaid programs, Covered Families and Children for youth through age 17, and Healthy Ohio for youth 18+. In addition to the challenges for the youth themselves, this will require PCSAs to manage two separate Medicaid programs on behalf of youth, creating an additional unfunded administrative burden.

Further, former foster youth who were in agency custody on their 18th birthday are also included in Healthy Ohio. PCSAs work hard to assist youth who are transitioning to adulthood to gain valuable self-sufficiency skills including gaining employment. These youth do not have family to fall back on when they experience hurdles and need help. Requiring cost-sharing starting at 10% of the federal poverty level for this population may discourage some youth from seeking employment. For reasons stated earlier, this is an extremely vulnerable population who face many struggles to establish themselves as stable, successful young adults. Stable, comprehensive health care is key to helping them succeed.

Recommendation: Youth 18+ in agency custody and former foster youth should be exempt from Healthy Ohio.

Cost sharing: The waiver requires all participants (with the exception of those with incomes between 0-9% of FPL) to contribute monthly to a "Buckeye account." While the amounts can be seen as modest, research and other states' experiences have shown that even modest cost-sharing creates significant barriers. Further, while other entities can pay into the Buckeye account on behalf of participants to a certain level, only employers and non-profit organizations are named (and for some purposes, managed care plans).

Recognizing the real impact of cost-sharing on vulnerable populations, federal regulations exempt children in foster care and individuals receiving Title IV-E benefits without regard to age, from premiums and cost sharing within Medicaid.[4]

Recommendation: The federal exemption from cost-sharing for children in foster care and individuals receiving Title IV-E benefits should continue in Ohio.

---

[1] M. Inkelas and N. Hafon, "Medicaid and Financing of Health Care for children in Foster Care: Findings from a National Survey," UCLA Center for Healthier Children, Families and Communities (September 2002)
[2] "Medicaid Behavioral Health Care Use Among children in Foster Care," Center for Health Care Strategies, Inc. (June 2014)
[3] Ohio Department of JOb and family Services, special data run, 7.26.2015. Additional calculations by PCSAO.
[4] Code of Federal Regulations, title 42, Chapter IV, (C), Section 447.56

mhac
Mental Health & Addiction
Advocacy Coalition

Changing minds, changing lives

Healthy Ohio Program 1115 Demonstration Waiver
Public Comment
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

The Mental Health & Addiction Advocacy Coalition (MHAC) is a statewide coalition made up of over 100 organizations. The MHAC's members exemplify the diversity of community organizations that have a common interest in behavioral health including: health and human service organizations, the faith-based community, advocacy organizations, courts, major medical institutions, the corporate arena, and behavioral health agencies serving adults and children. The MHAC strives to increase awareness of behavioral health issues and advance public policies that positively impact Ohioans affected by mental illness and addiction disorders. Thank you for providing the opportunity for public comment on the Healthy Ohio Program 1115 Demonstration Waiver.

The Healthy Ohio Program is a legislative provision included in the last state operating budget. The legislature created it to encourage personal and financial responsibility targeting all non-disabled adults who receive health care through the state's Medicaid program and whose income is between 0 – 138% of the Federal Poverty Level. Many advocates consider the Healthy Ohio Program to be an attempt to thwart Medicaid Expansion by requiring premiums, enrolling into a modified health savings account, and locking people out of the program for failure to pay. This proposal was being considered at a controversial and political time during the state operating budget process. At the time, our state had to take into account how to pay the state share of the first six months of Medicaid Expansion. Many members of the General Assembly opposed the Expansion of the Medicaid program for low income Ohioans and continue to openly express their opposition.

The new eligibility requirements will go beyond the expansion population and impact other Medicaid eligibility categories including all adults currently eligible under Covered Families and Children, adolescents aging out of foster care, participants in the breast and cervical cancer program, and more. Over 1 million adult Ohioans would be required to participate in the Healthy Ohio Program. We understand the language in the 1115 Demonstration Waiver is prescriptive because of the enacted budget provisions. We are hopeful that by providing public comment, consideration by the Centers for Medicare and Medicaid (CMS) will determine the Healthy Ohio Program does not improve access to care, does not strengthen providers and networks, does not improve health outcomes, and will not increase efficiency in service delivery networks.

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Premiums & Modified Health Savings Accounts (HSA)
Many of our members serve people who are battling addiction, have a mental illness, or both. Many people with mental health and addiction disorders are poor and receive Medicaid because of their illnesses. Under the new program, these individuals would pay annual premiums equal to the lesser of 2% or $99 of their income into the modified HSAs known as Buckeye Accounts. Adding premiums is a disincentive for participation in the program and enrollment is projected to go down because of the new requirement. Requiring adults with the lowest incomes in our state and who are the sickest to contribute to Medicaid to teach them how commercial insurance works is an unfair demonstration project that will disrupt their care. Using monthly premiums as a cost sharing mechanism to stay enrolled in Medicaid will result in loss of health coverage and loss of needed care. Many will drop out or be locked out of Medicaid for failure to pay within 60 days. Medicaid benefits would not be restored until all past premiums are paid. This population cannot go without treatment services.

The modified HSAs are confusing and, for those with mental health illnesses and addiction disorders, they will act as another barrier to understanding and seeking treatment. Using a swipe card that cobbles money together from different sources for the HSA to pay for services and tracking how much is needed for co-pays may lead to forgone treatment. If the individual does not have enough in their account to pay for a co-pay, they may believe they cannot visit a treatment provider. The process is unnecessary and will be confusing for those who try to play by the rules.

We are grateful the state expanded Medicaid to adults between 18 and 64 years old to ensure more people are receiving services since 2014. However, this initiative is a step backwards. People with depression, anxiety, schizophrenia, and other mental health illnesses already face challenges with accessing care because of ongoing health-related matters. They struggle to keep appointments, find transportation, and fill prescriptions. Implementing the Healthy Ohio Program is expected to limit health coverage especially for those desperately in need of mental health and addiction services.

Retroactive Eligibility
Retroactive eligibility is a period of time when consumers who would have been eligible to receive Medicaid, but had not applied, can be considered eligible to receive care during their visit. Providers are able to bill the Ohio Department of Medicaid (ODM) and patients do not have to worry or wait for needed treatment services. This is a helpful tool to allow individuals to receive care and providers to bill Medicaid. The Healthy Ohio Program changes the current retroactive eligibility period to the first day of the month the premium was paid into the HSA. Requiring the premium to be paid first will have unintended consequences. Many do not have checking accounts and have limited payment methods. When someone needs services they will go to the hospital emergency department rather than paying the cost share. By not allowing providers to use current retroactive eligibility to streamline the process, it will ultimately lead to uncompensated care that providers will incur as unpaid services.

Uncompensated Care
Individuals in the Healthy Ohio Program will begin to fall off Medicaid rolls or be locked out of the program for failure to pay premiums and more uncompensated care will begin to burden providers. The Healthy Ohio Program will take us back to the time before Medicaid Expansion was enacted when people did not receive care, when the uninsured visited the emergency room frequently for their care, when providers were responsible for services they provided to people without coverage, and when some local Alcohol, Drug Addiction, & Mental Health Service (ADAMHS) Boards were able to budget and pay for indigent care. ADAMHS Boards again may have to compensate for a lack of coverage, a problem that Medicaid Expansion has begun to rectify. In our last state operating budget, the ADAMHS Boards

received a cut in state dollars because Medicaid Expansion supposedly would be used by people to pay for services without coverage. Should the Healthy Ohio Program be implemented, we will have to request more funding, for our local ADAMHS Boards to again cover these costs.

Healthy Ohio Program and Care Coordination

The General Assembly authorized ODM to enroll every individual with behavioral health needs in a private-sector Medicaid managed care plan beginning January 1, 2018. Ohio is currently in the process of redesigning our behavioral health system which involves updating service codes to align with national standards as well as adjust reimbursement rates for behavioral health services. In the process, we are also modernizing our behavioral health services. Once the redesign work is complete, behavioral health care will be moved into managed care for better integration of physical health and behavioral health care services.

According to the ODM, Medicaid members needing treatment for mental health or substance abuse disorders represent 27 percent of Ohio Medicaid enrollment but account for 47 percent of Medicaid spending. Only half of the behavioral health population on Medicaid is seen through the community behavioral health system. The most expensive five percent account for over half of behavioral health expenditures. The Office of Health Transformation compared the top 100 total behavioral health users by expenditure using certain diagnostic codes in 2014 that were connected to Community Mental Health Centers (CMHC) vs. no connection to a CMHC who received behavioral health services through Medicaid. Of those not connected to CMHCs the cost for the highest person for services for one year reached $682,384.31, while those who were connected to a CMHC was far less and for the top user for services in one year only cost $106,246.85. Those not connected to care often default to receiving care in nursing homes and hospitals, or lack a connection to treatment due to chronic homelessness, criminal justice involvement, or social isolation. Uncoordinated health care for people with chronic illness is dangerous for them and burdens other systems.

The Behavioral Health Redesign has a goal to lessen the cost of the highest spenders of those utilizing behavioral health services by ensuring people receive coordinated care by connecting them to community behavioral health centers and enrolling them into managed care. The Healthy Ohio Program would cap expenses and places lifetime limits on health care coverage. Once an individual reaches the cap or limit, they are not dis-enrolled but they are moved back into a form of traditional Medicaid fee for service. If our goal is to provide better care coordination through the behavioral health redesign process and ultimately move this population into managed care, the Healthy Ohio Program will not achieve this outcome for the highest service users with caps and limits and moving between Medicaid plans.

Access to Care

Access to care is the number one reason the MHAC is here today to provide public comment, which is why I would like to touch on it last. We know that those we represent will be burdened with sharing the cost and understanding how to navigate the requirements of a modifiedHSA. Why are we targeting the poorest and sickest, those with mental illness and or addiction disorders, and many other Ohioans to teach them personal and financial responsibility? The waiver application describes how this will teach individuals in the program how commercial insurance operates while many of us continue to struggle to understand our benefits, copays, deductibles, explanation of benefits and invoices from insurance companies. The population we represent who are on Medicaid are not just in poverty rather they are trying to get well and are in the recovery process, or they stay well by receiving behavioral health care. Many are in poverty because of their illness and this is an unfair demonstration to put them through.

If people are no longer able to receive treatment through the existing Medicaid system, Ohio will see an increase in costs to other systems, including criminal justice, hospitals, schools, and the courts, and it will witness unintentional consequences that will increase the rates of suicide, overdose deaths, and overburdened families. It will create a weakened community behavioral health system in our state.

We appreciate your consideration of our analysis of the Healthy Ohio Program 1115 Demonstration Waiver Request. Thank you for the opportunity to provide public comment.

May 13, 2016

To: Ohio Department of Medicaid

From: Regina B. Parker

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

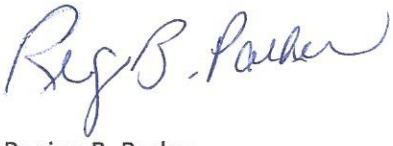
I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion, and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid-eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,



Regina B. Parker
1479 Cottingham Ct. E.
Columbus, OH 43209

May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Email: HealthyOhio@medicaid.ohio.gov

Dear Director McCarthy:

Silver Creek Strategies (SCS) works with health and social service leaders to identify opportunities to advance public health, with a focus on HIV, women's health, and adolescent health. We provide intelligent, forward thinking, and practical services designed to close public health gaps in Northeast Ohio through technical assistance, strategic community partnerships, and training.

SCS wishes to comment on the Healthy Ohio 1115 Demonstration Waiver being submitted by the Ohio Department of Medicaid as it relates to people living with HIV/AIDS in Ohio. The major concerns are as follows:

In Ohio, people living with HIV/AIDS (PLWHA) have benefitted from Medicaid expansion.

The Affordable Care Act (ACA) and associated Medicaid eligibility expansion have brought major changes to the health care system, and with it changes to care and coverage for PLWHA. Before the passage of the ACA, almost 1 in 3 people living with HIV were uninsured and less than 1 in 5 had private insurance (HIV Medicine Association, 2016). After 2014, these uninsured individuals are among those who have transitioned to coverage through the Medicaid expansion.

Silver Creek Strategies applauds Governor Kasich's efforts to expand access to health care to low-income Ohioans. In 2015, there were an estimated 21,612 PLWHA in Ohio. It is estimated that 90% of them now have some form of healthcare insurance – through private insurance, Medicaid, and/or Medicare (Ohio AIDS Coalition, 2016).

The Healthy Ohio waiver would damage the progress made toward access to health care for low-income Ohioans living with HIV/AIDS.

Under the ACA, new forms of health insurance are now available to PLWHA - many of whom were not able to get coverage previously. Particularly for PLWHA who are low-income, any kind of health insurance coverage can be a new experience, and some lack basic insurance literacy.

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jpatterson42@yahoo.com

Under the Healthy Ohio plan, coverage is easily lost after missed payments. Before regaining coverage, an enrollee must pay what is owed for the two previous months. This would make regaining coverage difficult, especially for poor Ohioans living with HIV/AIDS who are living with very little income and are often forced to make choices between paying for medicine, food, rent, utilities, or transportation.

The Healthy Ohio proposal would reduce positive health outcomes for Ohioans living with HIV/AIDS who are using Medicaid.

Many people living with HIV/AIDS currently struggle with health literacy and benefit enrollment and re-certification requirements. By adding the burden of fees and complex savings accounts, the churn of PLWHA entering and exiting the Medicaid program will increase. This additional churn will result in disrupted access to HIV medications, lapses in medical care, and more visits to the emergency room, ultimately reducing health outcomes – and increasing uncompensated care costs for providers.

The Healthy Ohio proposal increases the complexity of using Medicaid for patients and health care providers, increasing the expense of implementation.

Programs like the Healthy Ohio plan are difficult for patients and providers to navigate and expensive to administer. Patient and provider education, establishing and tracking accounts, collecting premiums, added churn, and tracking incentives are costly administrative additions. Many PLWHA already face complicated drug regimens, chronic health issues, and daily struggles to make ends meet. Navigating a monthly premium system will add to the stress.

The State of Ohio should maintain Ohio's Medicaid program in its current state.

Especially for people living with HIV/AIDS and other chronic diseases, the Healthy Ohio waiver would reduce access to health care, lead to poor health outcomes for Medicaid enrollees, and increase the complexity and expense of administering the Medicaid program. When Ohio extended access to health insurance through Medicaid expansion, we took actions that have allowed PLWHA to live longer, healthier lives. This waiver would take us in the wrong direction.

Sincerely,

Julie Patterson, MPH
Founder/ Lead Consultant

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SISTERS *of* CHARITY
HEALTH SYSTEM

May 13, 2016

Director John McCarthy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43215

Re: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director John McCarthy:

On behalf of the Sisters of Charity Health System (SCHS), I write to offer comment on the Ohio Department of Medicaid's (ODM) Healthy Ohio 1115 Demonstration Waiver (Healthy Ohio).

Medicaid provides vital access to health coverage for a one out of every four Ohioans with low incomes and few resources. SCHS and a broad coalition of health care, business and community leaders supported Governor John Kasich's actions to expand access to more Ohioans in effort to achieve better outcomes and lower costs. Most notably, SCHS has been incredibly invested in the extension of Medicaid to low-income working adults between 100% and 138% of the Federal Poverty Level (Group VIII). We have seen the evidence that the expansion of Medicaid benefits *is* making Ohio's families healthier and more secure. Ohio's economy is reaping the benefits. Our community's collective hard work to ensure access to health coverage is what makes Healthy Ohio highly concerning.

The proposed Health Ohio Demonstration Waiver would lead to tangible challenges, including:

Premium increases would reduce health access for vulnerable populations:
Healthy Ohio would unravel the extension of Medicaid benefits to low-income individuals in Group VIII by adding premium requirements. This low-income population would have a hard time meeting the financial obligations required in the current proposal. As drafted, Healthy Ohio would require a contribution of the lesser of 2 percent of annual income or $99 annually. We understand the intent of premiums is to create a more knowledgeable group of health insurance consumers by creating HSAs known as Buckeye Accounts. This intent is valid, but in practice, this financial burden will require low-income individuals to make difficult choices about spending on health care or on basic necessities such as food and housing.

Medical insurance has historically been the last payment to be made. Additionally, if a currently enrolled beneficiary does not pay their premium within 60 days, they would be locked out of the Medicaid program entirely. Any gap in coverage, especially a two-month gap, will be harmful to the population's health and well-being. Demonstrations in other states have shown that requiring premiums on health insurance serve as an unnecessary obstacle to health access. Cost-sharing mechanisms through monthly premiums would force the poorest in our communities to forgo needed medical care because of the inability to pay. We've seen what disruptions in care does to our patients – they delay or forego needed care while sick and dramatically limit access to preventive services.

Uncompensated care would rise, harming both business imperatives and health outcomes:
Individuals without health care plans will still use health care services. Unfortunately, many uninsured Ohioans will turn to hospital emergency departments to receive care in the least efficient and most expensive manner. Additionally, hospitals, particularly those hospitals that see the highest concentration of low-income patients will carry the burden of providing uncompensated care for a patient population that was previously covered.

Loss of coverage would critically impact many people:
The Healthy Ohio program would impact nearly 1.66 million Ohioans. Due to the complexities of the program and the diverse challenges faced by the individuals in the population group, these Ohioans could potentially lose their Medicaid benefits. ODM itself estimates that 126,000 Ohioans would lose coverage under Medicaid in the first year. While it is unclear whether that estimate is a conservative or accurate prediction, it would nonetheless disrupt the continuity of care for patients, service providers, and entire communities.

The policy provisions I mentioned lead to a number of questions that will require additional education to our patients and the communities we serve, including:

1. This plan will require significant administrative investment to establish a process to bill, collect, monitor and notify beneficiaries about Buckeye Account payments. What is the total amount and how will these costs be covered?
2. What is the methodology used to calculate the number of Medicaid beneficiaries who are estimated to drop their coverage due to the Healthy Ohio Program? How will ODM lessen this impact?
3. What kind of outreach will ODM pursue to ensure that Medicaid beneficiaries are kept aware of their account standing in order to help prevent lapses in Buckeye Account payments?
4. Given that many of the patients we see every day do not use traditional forms of money management, how would an individual without a bank or checking account make payments to Medicaid?

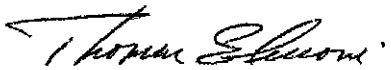
The Sisters of Charity Health System (SCHS) oversees the ministries of the Sisters of Charity of St. Augustine, a congregation of sisters who in 1851 came from France to Cleveland and began an enduring legacy of service to the community. Today, SCHS includes two acute care hospitals (St. Vincent Charity Medical Center, Cleveland and Mercy Medical Center, Canton); two elder care facilities; three grant-making foundations; and six health and human service organizations in Ohio and South Carolina. Our mission of Catholic health care calls us to serve vulnerable persons and to advocate for those in need. We firmly believe individuals, families and communities are stronger when everyone has access to high quality, affordable health care.

We are 3,287 faith-filled professionals and 1,068 credentialed physicians with one healing mission. In 2014, we provided Ohioans with high-quality, compassionate care through 101,342 inpatient days and more than 101,342 emergency department visits. Also, we provided over $63 million in community benefit, including $14.8 million in charity care at cost and $34 million in unpaid costs of Medicaid.

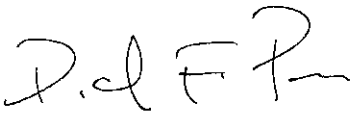
We appreciate the opportunity to comment on these important issues regarding the Healthy Ohio Demonstration Waiver. The Sisters of Charity Health System is committed to our healing ministry as a Catholic health care provider. We hope the state continues its commitment to expanding health care for those most in need. May God continue to bless you and our state as we continue on this journey of health transformation toward better health outcomes for all.

Sincerely,

Terrence P. Kessler
President & CEO
Sisters of Charity Health System



Thomas E. Cecconi
President & CEO
Mercy Medical Center



David F. Perse, M.D.
President & CEO
St. Vincent Charity
Medical Center

May 16, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218
HealthyOhio@medicaid.ohio.gov

RE: Healthy Ohio Demonstration Waiver Request for Public Comment

UnitedHealthcare Community Plan of Ohio (UHCCP) appreciates the opportunity offered by the Department of Medicaid to provide feedback on the Healthy Ohio Program 1115 Demonstration Waiver posted for public comment in April 2016. Ohio is a national leader in innovative managed care programs and we support the state's goal to leverage a managed care delivery system to better engage consumers in their health care decisions and increase transparency on the true cost of services.

Our comments below are organized by section of the waiver.

2. Demonstration Eligibility

The Healthy Ohio Program proposes to eliminate the retroactive eligibility period for all enrolled populations. From an administrative point-of-view, eliminating retroactive eligibility in the Healthy Ohio Program is a logical step, as the "triggering event" for enrollment in the program is the activation of the Buckeye Account.

However, removing retroactive coverage could significantly impact the state's level of uncompensated care. Individuals who would be eligible for Healthy Ohio but are not enrolled and experience an acute event may not have the means necessary to pay for the total cost of their needed care. If they do not receive retroactive eligibility, it is possible that the providers for those services are not compensated and therefore increase uncompensated care costs to the state.

As state regulation prohibits Healthy Ohio Program participants from receiving benefits under the program until after the initial contribution is made to their Buckeye Account, we recommend that the Healthy Ohio waiver include a provision requiring the state to evaluate gaps in coverage resulting from the elimination of the retroactive eligibility period and its impact on uncompensated care levels in the state. We would also recommend that the state take steps to remediate coverage gaps identified in the evaluation.

3. Benefits

Under the proposed Healthy Ohio program, behavioral health services that are currently carved out of the existing traditional managed care program will be carved in to the program. As a managed care organization (MCO) responsible for all services, including behavioral health, for the MyCare Ohio population, we support Ohio's decision to carve in behavioral health services for all eligible members.

Carving in all behavioral health care services into the Healthy Ohio benefit package will increase care coordination for members across the continuum of care, improve member and provider experience by providing a more holistic view of care, and eases administrative complexity for the state and providers.

4. Cost-Sharing

The Buckeye Account

In the proposed waiver design, members that reach either the annual ($300,000) or lifetime ($1,000,000) Healthy Ohio Program benefit thresholds would no longer be eligible for the Healthy Ohio Program, and will be transferred to coverage under the traditional fee-for-service Medicaid program or the state's traditional managed care program.

This program design will likely shift the MCOs to require higher rates to care for their members due to adverse selection. In the proposed Healthy Ohio waiver, nearly all Medicaid members would be required to enroll in the program and leverage the funds in their Buckeye Accounts (both core and non-core) to purchase care. While they would be enrolled in a managed care plan, members would essentially manage their own care through their purchasing decisions.

The members whose costs exceed the annual or lifetime benefit thresholds will be the sickest and most complex members among the Healthy Ohio population. With those members re-entering the traditional managed care program and the healthier members managing their care through their Buckeye Accounts, the majority of the population that is managed primarily by the MCOs will therefore be the sickest and most complex Medicaid members, creating adverse selection. Due to the unfavorable population mix and increase in bad risk, MCOs will require higher rates to manage their members, potentially increasing overall cost for the Ohio Medicaid program.

We recommend that Ohio carefully consider the potential downstream impacts of this design mechanism, including increased cost to the state to manage the traditional Medicaid membership, in finalizing the program design submitted to CMS.

Bridge Account

Providing members a Bridge Account comprised of dollars remaining in their Buckeye Accounts when they leave the Healthy Ohio Program for commercial coverage is a creative approach to reducing the financial challenges members face when transitioning from Medicaid coverage and will likely decrease the number of members who fall into a coverage gap.

We support the state's decision to delegate the management of the Buckeye Accounts to the MCOs. However, the proposed waiver design does not address how Bridge Accounts are to be transferred and administered.

As members transitioning to commercial market coverage could move to a new insurance carrier (that differs from their MCO), we recommend that the state require the member to alert their MCO that they plan to move to commercial market coverage. Such an alert would trigger the MCOs to reconcile the member's Buckeye Account and transfer the Bridge Account funds directly to a financial institution/health account administrator of their choosing.

The member would then assume responsibility for the management of the Bridge Account and interaction with the institution/administrator. Such an arrangement would eliminate administrative complexities for the MCOs and further empower the member to make informed decisions regarding their health care dollars.

We appreciate your effort to enable input from the stakeholder community regarding the Healthy Ohio Demonstration Waiver. If any additional information or insights would be helpful, we would be happy to discuss further.

Sincerely,

Tracy Davidson, CEO
UnitedHealthcare Community Plan of Ohio
614-410-7474
tracy_l_davidson@uhc.com

University Hospitals

Michael A. Szubski, CPA, FHFMA, MBA
Chief Financial Officer

3605 Warrensville Center Road
Shaker Heights, OH 44122
216-844-1500 Phone
216-844-1432 Fax

May 12, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy:

On behalf of our 26,000 doctors, nurses and employees, and more importantly, the community we serve, I am pleased to submit the following comments to the proposed Healthy Ohio Waiver for University Hospitals.

University Hospitals is a Cleveland-based super-regional health system that serves more than 1 million patients in 15 Northeast Ohio counties. The hub of our 18-hospital system is University Hospitals Case Medical Center, a 1,032-bed academic medical center that encompasses University Hospitals Rainbow Babies & Children's Hospital; UH Seidman Cancer Center; UH MacDonald Women's Hospital and a medical -surgical complex boasting world-renowned excellence in every specialty. Our physician leaders and other experts are widely sought sources of thoughtful commentary and expertise on a host of medical and health-care topics, and our affiliation with the Case Western Reserve University School of Medicine brings a significant academic perspective to our programs and patient care.

Over the last few years, Governor Kasich, his Administration, and the legislature have worked to expand health care coverage for low-income Ohioans and improve access to care. There have also been efforts to reduce costs to the Medicaid program while maintaining quality outcomes. University Hospitals applauds these initiatives and has been an active partner. We are beginning to see positive impacts of these efforts in our community. University Hospitals is greatly concerned that the Healthy Ohio Waiver will undo much of this progress. While we are concerned about and have a number of questions about many of the Waiver's provisions, I would like to specifically address the Waiver's extremely negative impact on retroactive Medicaid

coverage, the structural barriers to continuous coverage due to the premium payment mechanism and the inclusion of certain children in the program.

Under current law, Medicaid coverage can be retroactive 90 days from the date an applicant is enrolled into the program, but only if the person's income is at or below the Medicaid eligibility level in the retroactive period. For many low income people who cannot afford health insurance the retroactive eligibility period assures that should a sudden health condition arise they can get access to health care services, both emergency and primary care, during the period they are applying for Medicaid. The Healthy Ohio waiver eliminates retroactive coverage and eliminates the presumptive eligibility program as well. Retroactive eligibility was established because completing and gaining approval of the Medicaid application is a very complicated process that takes many weeks and even months to complete. Retroactive coverage along with presumptive eligibility assures both the provider will have access to payment and the patient will have access to providers willing to care for the patient to make the patient well. This allows a patient to see a primary care physician or seek emergency treatment with the comfort of knowing he or she will be covered, and not face possible financial ruin. It also allows health care professionals to render services knowing they will be reimbursed. The elimination of retrospective eligibility poses a dangerous financial burden to both patients and health providers.

As the Waiver is currently written, Medicaid eligibility would not commence until five steps have been completed:

1. Application submitted with required verifications and documentation;
2. The County Department of Job and Family Services approves the case;
3. The patient selects and enrolls in a Medicaid managed care plan;
4. A Buckeye account is created; and,
5. The patient deposits the first premium payment into the account.

In light of the additional steps and correlating administrative requirements, it is estimated that the enrollment process will greatly exceed the current 90 day average, and take as long as a year. For hospitals, this means that many claims that traditionally would have been paid at Medicaid rates will no longer be paid. This will result in an increase in uncompensated care precisely as Medicaid Disproportionate Share Hospital payments – funding that is meant to reimburse for uncompensated care – continue to rapidly decline pursuant to the Affordable Care Act mandates. Furthermore, patients will be saddled with the burdens of unpaid medical bills, the inability to find a physician willing to see them without payment, and the inability to fill needed prescriptions to make them well. We urge you to revise the Waiver so that retroactive eligibility remains in place as under current law.

University Hospitals is also concerned about the negative, possibly unintended, consequences the Waiver will have on children. Under current law, the Medicaid program covers well children through the age of 18, disabled children through age 21, and those through age 26 for those that have aged out of the foster care system. However, as drafted, the Waiver identifies adults as anyone aged 18 and over. We are pleased that the Ohio Children's Hospital Association is working with State Representative Jim Butler to clarify that the intent was to exclude all children on Medicaid from the Healthy Ohio Waiver, not just those under the age of 18. Similarly, we urge you to exempt children and certain young adults from the Health Ohio program before making a final submission to CMS.

Thank you for the opportunity to comment on the Health Ohio Waiver proposal. University Hospitals appreciates the Administration's focus on controlling costs and improving health outcomes. Ohio's recent experience with enhanced Medicaid eligibility has shown that coverage can increase access and lower costs. We remain ready and willing to be an active partner in innovative changes to the Medicaid program, but we must ensure that, unlike the Healthy Ohio Waiver, any reforms maintain coverage and access for the most vulnerable Ohioans.

Sincerely,

Michael Szubski

May 10, 2016

Director John McCarthy
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

RE: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director McCarthy:

Thank you for the opportunity to Comment on the Healthy Ohio Program 1115 Demonstration Waiver, published for comment on April 15, 2016 at medicaid.ohio.gov.

I started Human Arc in Ohio in 1984 with the sole purpose of bridging the gap between available government programs and their intended beneficiaries. Human Arc has expanded over the past 32 years to help hospitals and health plans connect their patients and members to governmental programs and community services. We have helped well over a million people in unfortunate circumstances enroll in Medicaid and have helped many millions find food, clothing, shelter, prescriptions and more. Human Arc has 550+ associates, based mainly in Ohio, serving the low-income, disabled and elderly population. We are a for-profit organization financed by the value received by our customers. Our Ohio customer base is comprised of four of the five Medicaid managed care plans and about one-third of the state's hospitals. **We believe our long history of working with the low income population gives our voice credibility.**

We appreciate the intention to create personal responsibility, transportable Health Savings Accounts, award value for preventive care and following provider guidelines, and for the desire to develop data relative to consumer behavior in these settings. While these comments do not address it, we feel the cost sharing payment requirement of the Healthy Ohio adult Medicaid population with income from 1 to 133 percent is a dangerous experiment that will adversely affect the low-income population and medical providers in this state.

Our greatest concerns with the Healthy Ohio Program 1115 Demonstration Waiver include the following:

1. **Waiver of retroactive eligibility and its corresponding elimination of Medicaid fee-for-service payments.**
2. **Application process under which an individual applies and the resulting timing of eligibility for Medicaid benefits.**

Recommendation

- We propose that the application process be adjusted to allow for 90-days retroactive coverage from submission of application (as it is in current law - 42 U.S.C. §1396(a)(34)) and that fee-for-service provider reimbursement continue during the current month of application and during the retroactive period if an applicant has medical bills during the current month or prior period. We also propose elimination of the requirement for the applicant to pay the first 25 percent of the Healthy Ohio cost sharing payment during the current month and prior periods if there are medical bills. We believe any entity or individual should be able to assist an applicant with their Buckeye Account payments. Below is a detailed explanation supporting our recommendation.

WAIVER OF RETROACTIVE COVERAGE AND ITS CORRESPONDING ELIMINATION OF MEDICAID FEE-FOR-SERVICE PAYMENTS

The ramifications of the Healthy Ohio waiver, as written, will substantially impact the low-income population of this state, particularly those that are uninsured, eligible for Medicaid and in need of health care services. It will also adversely impact the medical providers trying to serve them. Gaps of time without medical coverage for the low income population that are eligible and applying for Medicaid will be significant. Every day we experience situations where uninsured individuals present at a hospital requiring emergency medical treatment and many times are unable to manage an application process due to mental health issues, lack of capability, illness and a myriad of other reasons. The following is a case in point:

> *Early in 2014, Human Arc was referred a case for a 28-year old young man whose father found him at home in a catatonic state. The patient was in critical condition and hovering somewhere between life and death when Human Arc began working with the family. We met with the man's parents and, over the next few months, established a trusting relationship with them.*
>
> *Through the process, we learned that the patient had always been healthy and robust. His self-employed boss could not afford to offer group health insurance for his employees. The diagnosis was an aggressive form of leukemia. When the young man awoke he was unable to move or speak. After a month in the hospital and having accrued over $500,000 in medical bills, the patient was moved to onsite rehabilitation for another month. His total bills would increase to nearly $1 million.*
>
> *The process from application submission to approval took six months. Retroactive coverage played a crucial role in his financial recovery and continuum of care. Additionally, the providers were able to receive fee-for-service payment retroactively for providing his care.*

A waiver of retroactive fee-for-service coverage will result in job losses in the healthcare industry from providers who no longer need to provide in-house or vendor services which support the screening and application assistance for Medicaid and retroactive reimbursement. A redirection of the uninsured to the county offices will most likely overwhelm current staff as Ohio loses much of the support of existing patient advocate services. To put it in perspective, eligibility vendors and hospital in-house programs screen over 500,000 cases annually for Medicaid eligibility.

Retroactive eligibility was first enacted in 1972 to protect persons who are eligible for Medicaid but do not apply for assistance until after they have received care, either because they did not know about the Medicaid eligibility requirements, or because the sudden nature of their illness prevented their applying. The provision was amended in 1973 to provide retroactive coverage for persons who died before eligibility could be claimed.[1] This is codified at 42 U.S.C. §1396(a)(34). The Social Security Program Operations Manual System (POMS) states that "Retroactivity is very important.[2]" Is it any less important for the Healthy Ohio intended beneficiaries? We believe it is important, even critical, for **all** Medicaid applicants to have access to retroactive Medicaid coverage both for the reasons stated by Congress when it was legislated as well as those we have outlined below.

The following comments and rationale will illustrate that the Healthy Ohio 1115 Demonstration Waiver **does not meet the following criteria** used by the Center for Medicare and Medicaid Services to determine whether Medicaid program objectives are met relative to providing retroactive coverage:

- Increase and strengthen overall coverage of low-income individuals in the state.
- Improve health outcomes for Medicaid and other low-income populations in the state.

Gap in coverage

- **Gap could be days to years:** The gap in coverage that will be created by the elimination of retroactive coverage could be devastating to those newly enrolled Healthy Ohio recipients who received services prior to their start date. This gap could be substantial, particularly if an individual is denied, requests an appeal which is sustained and eventually overturned at the Administrative Appeal or Court of Common Pleas level. The time frame for application processing could be days to weeks to months to a year or more. Here is an illustration:

  In December 2014 an uninsured man was admitted to the hospital because of a major stroke. He does not have any relatives or next of kin to make decisions or sign any paperwork. In late January 2015 his condition improved and he was medically cleared to make decisions and sign paperwork.

  This client was self-employed and worked in December 2014, prior to the stroke. Human Arc was able to obtain a signed authorization form to submit a Medicaid application on his behalf in late January 2015 and request retroactive coverage for December 2014. In February 2015 the hospital needed to transfer their patient to a Nursing Home. He could not be discharged home since he lived alone. A Nursing Home Application was submitted in February 2016.

  The applicant's county of residence is nearly eight months behind on processing Medicaid applications. Human Arc had provided the county with all verifications required to process the original application with ongoing coverage. A state hearing was held in August of 2015 because the county only approved his nursing home stay and nothing prior. Human Arc won the appeal and the county was ordered to activate the applicant's Medicaid effective December 1, 2014. He has since returned back to work part-time but still has issues from his stroke and needs physical therapy. Because Ohio Medicaid permits retroactive coverage, Medicaid was able to cover all of the applicant's medical bills starting December 2014 through the present.

Medical Debt

- **Collections, bankruptcies:** Lacking insurance coverage puts people at risk of medical debt. In 2014, according to the Kaiser Family Foundation analysis of 2014 Kaiser Survey of Low-Income Americans and the Affordable Care Act nearly a third (32 percent) of uninsured adults said they were carrying medical debt. Medical debts contribute to over half (52 percent) of debt collections actions that appear on consumer credit reports in the United States and contribute to almost half of all bankruptcies in the United States. Uninsured people are more at risk of falling into medical bankruptcy than people with insurance.[3]

- **Stress:** Collection agencies will be pursuing more people; further stressing the financial, physical and mental health of uninsured and underinsured adults.

  A patient who became disabled due to a sudden illness was no longer able to work. He did not have medical coverage to take care of the expenses incurred during his hospital admission or for subsequent medication and follow-up visits. The applicant was very cooperative but was challenged by delays in application processing and securing verifications due to his illness. He received numerous calls from collection agencies and spent most of his savings on the expensive medications required to rehabilitate. The applicant was approved and able to get his bills paid retroactively.

The following comments and rationale will illustrate that the Healthy Ohio 1115 Demonstration Waiver **does not meet the following criteria** used by the Centers for Medicare and Medicaid Services to determine whether Medicaid program objectives are met:

- Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Financial

- **Uninsured accessing care in the Emergency Room:** Poor individuals (0-99 percent Federal Poverty Level) have 6.6 medical visits per year on average according to the U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE).[4] The gap in coverage between application and start date of coverage could lead those in need of care to access it through the Emergency Room. Service delivery in the Emergency Room is not a transformation and does not increase the efficiency or quality of care for the uninsured.

- **Lost reimbursement:** In our estimation (based on our analysis of 2015 reimbursement to our clients extrapolated across Ohio) between $470 and $510 million dollars annually could be lost in Medicaid reimbursement to hospitals alone, not including other medical providers. This represents between 350,000 – 380,000 medical claims that are paid by Medicaid through the retroactive process. Lost Medicaid reimbursement de-stabilizes providers by shifting the cost of care back to the hospitals.

- **Increased expenses and write-offs:** Providers will experience an increase in cost to collect, charity care, and bad debt. The elimination of retroactive eligibility and reimbursement for serving prospective Healthy Ohio beneficiaries will add stress to self-pay collections. Providers must have a margin to continue providing care. Healthy Ohio will not strengthen providers or their networks if they cannot pay their bills. No margin, no mission.

APPLICATION PROCESS AND TIMING OF ELIGIBILITY

The purpose of the Affordable Care Act (ACA) is to make health insurance more affordable and accessible for those with little or no coverage. We believe Healthy Ohio goes against this purpose, although Ohio agreed to it when they initially expanded Medicaid coverage in 2014. Adults will be forced to go without coverage and, in many cases, medical care.

The waiver establishes that Medicaid enrollment will not be effective until the following occur:

- Application is submitted with required verifications/documentation.
- The Ohio Department of Medicaid approves the case.
- Patient is enrolled into a Medicaid managed care plan (there will be no Medicaid fee-for-service payments for this population).
- Health Savings Account (Buckeye account) is set up.
- Patient deposits first cost sharing payment into the account (the waiver requires that at least 25% of the cost sharing payment must come from the patient while the remainder can be funded by an employer or not for profit organization).

The National Health Interview Survey (NHIS) examined the composition of people that remained uninsured through the first quarter of 2015, the most recent data available. Among all uninsured individuals, it identified that: [5]

- Nearly 8 in 10 of all people without insurance have less than $1,000 in savings and about half have less than $100 in savings.
- People without health insurance are primarily concerned with the affordability of coverage.

The following comments and rationale will illustrate that the Healthy Ohio 1115 Demonstration Waiver **does not meet the following criteria** used by the Centers for Medicare and Medicaid Services to determine whether Medicaid program objectives are met relative to the application process and timing of eligibility:

- Increase and strengthen overall coverage of low-income individuals in the state.
- Improve health outcomes for Medicaid and other low-income populations in the state.

Gap in coverage

- **Outreach and enrollment challenges:** Most people who remained uninsured in 2014 had been without coverage for long periods of time, with 29 percent reporting that they had been uninsured for one to five years, 24 percent reporting they had been uninsured for more than five years, and 18 percent reporting that they never had coverage according to the Kaiser Family Foundation analysis of 2014 Kaiser Survey of Low-Income Americans and the Affordable Care Act. [6] People who have been without coverage for long periods may not be aware of their eligibility, or have some reason for their inability to access the application process. Thus when they present themselves in an emergent situation for medical care, advocacy and support in the application process is critical.

Financial burden

- **Low income population have little money:** Medical fees, cost sharing, and copayments could contribute to the financial burden on poor adults who need to visit medical providers. The problem is even more pronounced for the 6.3 percent of the population with income of less than 50 percent of the Federal Poverty Level, who effectively have no money available to cover out-of-pocket medical expenses including copays for medical visits. [7]
- **Basic necessities exceed income:** According to the U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation tabulations from the 2011 Panel Study of Income Dynamics, a family with income between 40 and 50 percent of the poverty threshold spends on average $3,000 more per year on necessities than its income. For a family with income between 20 and 30 percent of the poverty threshold, expenditures on basic necessities exceed income by $6,000 on average. [8]

- **No hardship exemptions:** The Healthy Ohio waiver does not outline any hardship exemptions for situations such as being the victim of a crime, a natural disaster, or for the mentally ill – all of which might prevent timely payments from being made when care is necessary.

> *A family made up of a single mom and three daughters had Medicaid but their house was destroyed by a fire right around the time the paperwork was mailed for their renewal. They never received this paperwork and their Medicaid was stopped. Human Arc got involved and started the process of a new application for them.*
>
> *Three months later the application was still pending. While waiting for an update from the Ohio Department of Medicaid, the mom was informed that her daughters could not return to school until they had an updated physical on file. The mom did not have the money to pay for the exams. Human Arc pressed the county to process the application as soon as possible. It took*

another week but the assigned worker responded and processed the medical application for the family.

The time between application submission and approval was over three months. While the family was waiting for the application to be approved the children had to be pulled from school for several days because the mom could not afford the required physicals.

Reduced access to care

- **Poor outcomes:** Low-income individuals are especially sensitive to even nominal increases in medical out-of-pocket costs, and modest copayments can have the effect of reducing access to necessary medical care. [9] Loss of coverage due to non-payment could mean lack of treatment and cause serious medical complications, particularly for an enrollee with a chronic condition such as diabetes or hypertension.[10] Interrupted care leads to poor health outcomes.

- **Dropped coverage:** Oregon imposed premiums of a similar amount on people below 100 percent of poverty and, over a two-year period, 77 percent of the recipients dropped off the program according to the prospective longitudinal panel study supported by the Robert Wood Johnson Foundation, the Commonwealth Fund, the Agency for Healthcare Research and Quality, and the Oregon Division of Medical Assistance Programs.[11] The Ohio Department of Medicaid has estimated that the rate at which beneficiaries will drop-out of Medicaid under Ohio's proposed 1115 Demonstration Waiver is 9 percent.[12] That is 9 percent too many and could be much, much higher based on Oregon's experience. Dropped coverage **does nothing to** "increase and strengthen overall coverage" and accomplishes the opposite.

A 57-year old woman had a heart attack and had fallen behind on her rent. She is the primary caregiver for her husband who has health issues as well. She had applied on her own but was not approved until Human Arc re-applied for her. While she was waiting to be approved she had to watch how much she spent on food to be able to afford prescriptions for her and her spouse. It took roughly two months for her application to be approved due to the backlog at the county.

Lack of a bank account and transportation challenges

- **Barriers:** A 2013 Federal Deposit Insurance Corporation survey found that over 328,000 Ohio households (7.2 percent) have no bank account.[13] Additionally, transportation to and from the bank can be a challenge, or even impossible. Should an individual really have to go without medical coverage because they don't have a checking account and transportation? The Healthy Ohio Buckeye Account primary use of the banking system is a barrier that **does not** "increase and strengthen overall coverage of low-income individuals in the state."

The following comments and rationale will illustrate that the Healthy Ohio 1115 Demonstration Waiver **does not meet the following criteria** used by the Centers for Medicare and Medicaid Services to determine whether Medicaid program objectives are met relative to the application process and timing of eligibility:

- Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Charity care issues

- **Uninsured accessing care in the Emergency Room:** Individuals who cannot meet the eligibility or cost sharing requirements to Healthy Ohio and need care will access it through the Emergency Room. Hospitals will see an increase in charity care for these individuals which **do not serve** to "strengthen providers."

Risk of readmission

- **Discontinuity of care:** Continuity of care is disrupted when health coverage is lost, particularly follow-up care and prescription refills after a hospitalization. Lack of treatment could cause serious medical complications, readmissions, can be costly to the healthcare system and **does not serve** to "increase the efficiency or quality of care."[14]

CONCLUSION

Human Arc believes the evidence shows that the bulk of the savings will come at the expense of the low income uninsured through the elimination (waiver) of retroactive Medicaid coverage. The estimated savings are really a shifting of costs to the low income uninsured and the medical providers that serve them as **125,875 Medicaid beneficiaries are estimated by the Ohio Department of Medicaid to lose coverage in year one alone.**[15]

To reiterate, our greatest concerns with the Healthy Ohio Program 1115 Demonstration Waiver include the following:

1. **Waiver of retroactive eligibility, and its corresponding elimination of Medicaid fee-for-service payments.**
2. **Application process under which an individual applies and the resulting timing of eligibility for Medicaid benefits.**

We believe we have demonstrated that the waiver of retroactive coverage, the elimination of fee for service payments to medical providers, and the time from application to securing eligibility benefits in the Healthy Ohio program do **not meet the criteria used by the Centers for Medicare and Medicaid Services to determine whether Medicaid program objectives are met.**

We recommend that the application process be adjusted to allow for 90-days retroactive coverage from submission of application and fee-for-service provider reimbursement during this time. We also propose elimination of the requirement for the applicant to pay the first 25 percent of the Healthy Ohio cost sharing payment. Any entity or individual should be able to assist an applicant with their Buckeye Account payments.

We are available for consultation at your request.

Thank you again for the opportunity to be heard in this Comment process.

Respectfully,

Michael J Baird
Chief Executive Officer
Human Arc
1457 E 40th Street
Cleveland, Ohio 44103
mb@humanarc.com
216.426.3510 direct
216.849.8493 mobile

References

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Ohio Medicaid Section 1115 Demonstration Waiver

Comment and Testimony

April 2016

This Testimony/Comment is intended to address the Section 1115 demonstration waiver within the thirty day period comment period require by CMS.

The particular components of the waiver this intends to address include the following:

1. Ohio Revised Code §5166.402(E) prohibits a Healthy Ohio Program participant from receiving benefits under the program until after the initial contribution is made by the individual to their Buckeye Account. Therefore, an individual's eligibility for the program will begin the first day of the month in which the first contribution is made to the Buckeye Account. Contributions are discussed in more detail below under "Cost Sharing Requirements".

2. **WAIVER & EXPENDITURE AUTHORITIES**

   The State is working with CMS to obtain the necessary federal authority to implement the Healthy Ohio Program, and is seeking a January 1, 2018, effective date. The following waivers will be requested:

   a. Section 1902(a)(34) Retroactive Eligibility – To enable the State to waive or modify the requirement to provide medical assistance for up to three months prior to the month of application.

<u>Impact Statement</u>:

We recognize the intent of the waiver to create some sense of personal responsibility and to create incentives for wellness for better health amongst the Medicaid population.

…….Yet the waiver as written will likely increase the number of uninsured substantially and result in medical providers (especially Hospitals) having substantial uncompensated care due to those Medicaid recipients who have "fallen" off the Medicaid rolls due to their inability to pay the premium (and being held off for 12 months or until the premium is paid) and due to the eligibility process proposed.

……..The elimination of the 90 day retroactive process and the requirement of a hospital to submit an application for Medicaid, but coverage not start until the first of the month the premium is deposited in a Buckeye Account will result in $300 million dollar loss for hospitals in this state.

General Commentary:

Per Kaiser Report:

http://files.kff.org/attachment/primer-the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-in-the-era-of-health-reform

Cost still poses a major barrier to coverage for the uninsured. In 2014,

- 48% of uninsured adults said that the main reason they lacked coverage was because it was too expensive.
- Eligibility is also a barrier: 12% of uninsured adults mentioned work-related reasons, such as being unemployed or not having an offer through work, and
- 14% said they were told they were ineligible or could not get coverage due to their immigration status. Few uninsured adults said they were uninsured because they do not need coverage, oppose the ACA, or would rather pay the penalty.80

Most people who remained uninsured in 2014 had been without coverage for long periods of time. Among adults who remained uninsured at the end of 2014,

- 29% reported that they had been uninsured for one to five years,
- 24% reported they had been uninsured for more than five years, and
- 18% reported that they had never had coverage.81
- People who have been without coverage for long periods may be particularly hard to reach through outreach and enrollment efforts. (What this says to me is that those left uninsured in Ohio, since it has already expanded, are the hard to reach who may not know coverage is available and need the retroactive coverage.)

ACA expansion successfully covered xxx people

In 2013 the state of Ohio expanded Medicaid, simplified the application process. This resulted in xxxx people having medical coverage and the ability to access preventive and other important health care services to reduce

Testimony Video: https://www.youtube.com/watch?v=RjrzfC2dAcA

Zolinski, Sara

From: Christine Dusek <acamdm@sbcglobal.net>
Sent: Wednesday, May 18, 2016 10:30 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Christine Dusek
1205 West 69 St.
Cleveland, OH 44102

May 18, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Christine Dusek

Zolinski, Sara

From: Rebecca McKenna <rmckenna07@me.com>
Sent: Wednesday, May 18, 2016 10:30 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rebecca McKenna
1280 Thoreau Road
Lakewood, OH 44107

May 18, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

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The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

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Sincerely,
Rebecca McKenna

Zolinski, Sara

From: Melissa Olenik <melissa.olenik@gmail.com>
Sent: Monday, May 16, 2016 12:48 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Melissa Olenik
1585 Mallard Dr. Apt 207
Mayfield Heights, OH 44124

May 16, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Melissa Olenik

Zolinski, Sara

From: Ruth Yelcho <smjy@srsofcharity.org>
Sent: Monday, May 16, 2016 10:07 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ruth Yelcho
5232 Broadview Road
Richfield, OH 44286

May 16, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Ruth Yelcho

Zolinski, Sara

From: Averil McClelland <amcclell@kent.edu>
Sent: Monday, May 16, 2016 10:07 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Averil McClelland
9270 Clark Circle
Twinsburg, OH 44087

May 16, 2016

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Sincerely,
Averil McClelland

Zolinski, Sara

From: Marilyn Murray <mare1013@yahoo.com>
Sent: Friday, May 13, 2016 10:22 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marilyn Murray
4811 Trails End Court
Westlake, OH 44145

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Marilyn Murray

Zolinski, Sara

From: Sheila Rock <Rock9362@aol.com>
Sent: Friday, May 13, 2016 11:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sheila Rock
4000 Westbrook Dr,
Brooklyn, OH 44144-1248

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Sheila Rock

Zolinski, Sara

From: Jacqueline Kelly <jackiek63072@aol.com>
Sent: Saturday, May 14, 2016 12:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jacqueline Kelly
16600 Elsienna Avenue
Cleveland, OH 44135

May 14, 2016

Dear John McCarthy,

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Jacqueline Kelly

Zolinski, Sara

From: Audrey Koch <audreyark@yahoo.com>
Sent: Saturday, May 14, 2016 10:13 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Audrey Koch
St. Joseph Village
Cleveland, OH 44111

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Audrey Koch

Zolinski, Sara

From: MARILYN LOMBARDO <purplmarilyn@yahoo.com>
Sent: Saturday, May 14, 2016 8:53 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

MARILYN LOMBARDO
4304 West 191st Street
Cleveland, OH 44135

May 14, 2016

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Sincerely,
MARILYN LOMBARDO

Zolinski, Sara

From: Judith Albanese <Jude1104@aol.com>
Sent: Saturday, May 14, 2016 8:43 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Judith Albanese
22225 arbor cliff lane
Rocky river, OH 44116

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Judith Albanese

Zolinski, Sara

From: Mary Bole <Mcbofc@aol.com>
Sent: Friday, May 13, 2016 11:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Bole
20000 Lorain rd
Fairview park, OH 44126

May 13, 2016

Dear John McCarthy,

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Mary Bole

Zolinski, Sara

From: John Mullen <jmullenbaba@yahoo.com>
Sent: Saturday, May 14, 2016 8:33 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Mullen
1460 Kingsway
Westlake, OH 44145

May 14, 2016

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Sincerely,
John Mullen

Zolinski, Sara

From: Gloria Freeman <Hatrack042@yahoo.com>
Sent: Friday, May 13, 2016 11:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Gloria Freeman
5140 Evergreen Dr,
North Olmsted, OH 44070

May 13, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Gloria Freeman

Zolinski, Sara

From: Norman Bringman <Normanab9@aol.com>
Sent: Friday, May 13, 2016 7:07 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Norman Bringman
19000 Lake Rd #5609
Rocky River, OH 44116

May 13, 2016

Dear John McCarthy,

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Sincerely,
Norman Bringman

Zolinski, Sara

From: Michelle Berney <berneytrips@yahoo.com>
Sent: Friday, May 13, 2016 7:57 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Berney
15989 Wedgewood Lane
Strongsville, OH 44149

May 13, 2016

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Sincerely,
Michelle Berney

Zolinski, Sara

From: Mary Bartok <Bearlypar1@yahoo.com>
Sent: Friday, May 13, 2016 6:57 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Bartok
4440 oneil blvd unit a
Lorain, OH 44055

May 13, 2016

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Sincerely,
Mary Bartok

Zolinski, Sara

From: Michelle Nochta <M_nochta@yahoo.com>
Sent: Friday, May 13, 2016 5:57 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Nochta
1334 Nelson st
Lakewood, OH 44107

May 13, 2016

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Sincerely,
Michelle Nochta

Zolinski, Sara

From: Patricia Begin-Koly <pbkly@yahoo.com>
Sent: Friday, May 13, 2016 2:46 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia Begin-Koly
3568 Francis Blvd
Brunswick, OH 44212

May 13, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Patricia Begin-Koly

Zolinski, Sara

From: Beth Kretschmar <bethkretschmar@yahoo.com>
Sent: Friday, May 13, 2016 4:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Beth Kretschmar
19333 North Sagamore Road
Fairview Park, OH 44126

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Beth Kretschmar

Zolinski, Sara

From: joe seeholzer <jecseeholzer@yahoo.com>
Sent: Friday, May 13, 2016 2:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

joe seeholzer
12 overlook rd.
lakewood, OH 44107

May 13, 2016

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Sincerely,
joe seeholzer

Zolinski, Sara

From: Edward Murray <dennymur@yahoo.com>
Sent: Friday, May 13, 2016 10:45 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Edward Murray
4811 Trails End Ct
Westlake, OH 44145

May 13, 2016

Dear John McCarthy,

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Sincerely,
Edward Murray

Zolinski, Sara

From: Eileen Hagenbaugh <ehagenbaugh@yahoo.com>
Sent: Thursday, May 12, 2016 11:55 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Eileen Hagenbaugh
2226 Tallmadge Rd
Ravenna, OH 44266

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Eileen Hagenbaugh

Zolinski, Sara

From: Maureen Powers <maureenpowers2012@yahoo.com>
Sent: Friday, May 13, 2016 1:26 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Maureen Powers
17855 Lake Road
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Maureen Powers

Zolinski, Sara

From: James Schreiner <jimincleve@aol.com>
Sent: Friday, May 13, 2016 8:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

James Schreiner
9906 Gambier Ave.
Cleveland, OH 44102

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
James Schreiner

Zolinski, Sara

From: Lauren Flynn <Sorrentostile@yahoo.com>
Sent: Friday, May 13, 2016 7:05 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lauren Flynn
4414 Metropolitan Dr.
Cleveland, OH 44135

May 13, 2016

Dear John McCarthy,

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Sincerely,
Lauren Flynn

Zolinski, Sara

From: Jean Hoelke <jhoelke@ndec.org>
Sent: Saturday, May 14, 2016 1:43 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jean Hoelke
4982 Clubside Rd
Lyndhurst, OH 44124

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jean Hoelke

Zolinski, Sara

From: Msrie Luvison <Marie.luvison@gmail.com>
Sent: Saturday, May 14, 2016 12:23 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Msrie Luvison
6002 Elmwood Ave
Independence, OH 44131

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Msrie Luvison

Zolinski, Sara

From: Argera Kalogerou <argerak@gmail.com>
Sent: Saturday, May 14, 2016 11:13 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Argera Kalogerou
6770 Stoneloch Cout
Middleburg Heights, OH 44130

May 14, 2016

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Argera Kalogerou

Zolinski, Sara

From: Harry Rodriguez <hrod129@gmail.com>
Sent: Saturday, May 14, 2016 10:53 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Harry Rodriguez
145 Island Drive
Elyria, OH 44035

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Harry Rodriguez

Zolinski, Sara

From: Robert Ruggeri <Robertruggeri@me.com>
Sent: Saturday, May 14, 2016 8:13 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Ruggeri
8690 Eagle Road
Kirtland, OH 44094

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Robert Ruggeri

Zolinski, Sara

From: Alice Gulick <Lissy@lissygulick.com>
Sent: Saturday, May 14, 2016 8:03 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Alice Gulick
3552 Fairmount Boulevard
Cleveland Heights, OH 44118

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Alice Gulick

Zolinski, Sara

From: Mary Hough <Moirasmom411@gmail.com>
Sent: Saturday, May 14, 2016 2:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Hough
16705 Larchwood Avenue
Cleveland, OH 44125

May 14, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Hough

Zolinski, Sara

From: Marsha Smith <marsha819@oh.rr.com>
Sent: Friday, May 13, 2016 10:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marsha Smith
6207 Denise Dr
North Ridgeville, OH 44039

May 13, 2016

Dear John McCarthy,

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Sincerely,
Marsha Smith

Zolinski, Sara

From: Pam Kilrain <Rocketgrrl47@att.net>
Sent: Friday, May 13, 2016 10:42 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Pam Kilrain
1211 Cook Ave
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

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Sincerely,
Pam Kilrain

Zolinski, Sara

From: Katharine Mott <Kamott70@gmail.com>
Sent: Friday, May 13, 2016 10:22 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Katharine Mott
4056 West 161st Street
Cleveland, OH 44135

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Warm regards,
Katharine Mott

Zolinski, Sara

From: Pat Kozak <pkozak@csjoseph.org>
Sent: Friday, May 13, 2016 10:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Pat Kozak
1439 Marlowe Ave
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

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Sincerely,
Pat Kozak CSJ

Zolinski, Sara

From: Patrick Graham <Patgraham@prodigy.net>
Sent: Friday, May 13, 2016 9:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patrick Graham
38120 Essex Place
North Ridgeville, OH 44039

May 13, 2016

Dear John McCarthy,

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Sincerely,
Patrick Graham

Zolinski, Sara

From: Dennis Runkle <Dennis@runkle.net>
Sent: Friday, May 13, 2016 9:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dennis Runkle
1525 Grace Ave
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

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Sincerely,
Dennis Runkle

Zolinski, Sara

From: Donald Antone <Donantone@live.com>
Sent: Friday, May 13, 2016 9:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donald Antone
624 parkside drive
Bay village, OH 44140

May 13, 2016

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Sincerely,
Donald Antone

Zolinski, Sara

From: Kathleen Barnard Kim <Kbarnard24@gmail.com>
Sent: Friday, May 13, 2016 7:57 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Barnard Kim
2709 ridge Rd
Norwalk, OH 44857

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kathleen Barnard Kim

Zolinski, Sara

From: Susan Kirkland <Kirklandsusan@hotmail.com>
Sent: Friday, May 13, 2016 7:17 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Susan Kirkland
2674 Gibson Dr
Rocky River, OH 44107

May 13, 2016

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Sincerely,
Susan Kirkland

Zolinski, Sara

From: Jane Winik <Entropy417@gmail.com>
Sent: Friday, May 13, 2016 7:07 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jane Winik
18900 Shaker Blvd
Shaker Hts, OH 44122

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jane Winik

Zolinski, Sara

From: Emily Simmerly <emilysimmerly@gmail.com>
Sent: Friday, May 13, 2016 7:07 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Emily Simmerly
17485 Lake Ave
Lakewood, OH 44107-1147

May 13, 2016

Dear John McCarthy,

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Sincerely,
Emily Simmerly

Zolinski, Sara

From: Michelle Mazza Velez <mv28346@gmail.com>
Sent: Friday, May 13, 2016 6:27 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Mazza Velez
4807 Monticello Blvd
Richmond Hts, OH 44143

May 13, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Michelle Mazza Velez

Zolinski, Sara

From: mary jo mazzarella <mj@amerilimo.com>
Sent: Friday, May 13, 2016 6:17 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

mary jo mazzarella
1306 w 54
cleveland, OH 44102

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
mary jo mazzarella

Zolinski, Sara

From: Kevin Gross <kg31728@ohio.edu>
Sent: Friday, May 13, 2016 5:57 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kevin Gross
317 Fulton St
Sandusky, OH 44870

May 13, 2016

Dear John McCarthy,

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Sincerely,
Kevin Gross

Zolinski, Sara

From: Laura Shiner <Laura2564@hotmail.com>
Sent: Friday, May 13, 2016 5:47 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Shiner
17119 Greenbrier Dr.
Strongsville, OK 44136

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely,
Laura Shiner

Zolinski, Sara

From: Robert Sommerfelt <robandshell@wrobradio.com>
Sent: Friday, May 13, 2016 5:37 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Sommerfelt
6722 Franklin Blvd
Cleveland, OH 44102

May 13, 2016

Dear John McCarthy,

I oppose the Healthy Ohio Program 115 Demonstration Waiver.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
Robert Sommerfelt

Zolinski, Sara

From: Lauren Persons <Laurenepersons@gmail.com>
Sent: Friday, May 13, 2016 5:27 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lauren Persons
2464 Augustine Drive
Parma, OH 44134

May 13, 2016

Dear John McCarthy,

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Zolinski, Sara

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Sent: Friday, May 13, 2016 5:17 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ann Oakar
15824 Norway ave
Cleveland, OH 44111

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

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Sincerely,
Ann Oakar

Zolinski, Sara

From: Elizabeth Conway <lizconway122@gmail.com>
Sent: Friday, May 13, 2016 4:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Elizabeth Conway
1327 W. 111 Street
Cleveland, OH 44102

May 13, 2016

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Sincerely,
Elizabeth Conway

Zolinski, Sara

From: Nancy Clarke <sclarke@oh.rr.com>
Sent: Friday, May 13, 2016 4:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Nancy Clarke
31312 Tuttle Drive
Bay Village, OH 44140

May 13, 2016

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Nancy Clarke

Zolinski, Sara

From: Jeffrey Schaefer <Jeffrey7257@hotmail.com>
Sent: Friday, May 13, 2016 4:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jeffrey Schaefer
12550 lake ave
Lakewood, OH 44107

May 13, 2016

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Sincerely,
Jeffrey Schaefer

Zolinski, Sara

From: Michael Sepesy <msep@juno.com>
Sent: Friday, May 13, 2016 3:56 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michael Sepesy
10531 Edgewater Dr
Cleveland, OH 44102

May 13, 2016

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Sincerely,
Michael Sepesy

Zolinski, Sara

From: Curtis Treska <treskacurt@gmail.com>
Sent: Friday, May 13, 2016 3:46 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Curtis Treska
1518 kenilworth Ave.
Clevelqand, OH 44113

May 13, 2016

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Sincerely,
Curtis Treska

Zolinski, Sara

From: Robert Hogg <Hoggrobertw@gmail.com>
Sent: Friday, May 13, 2016 3:36 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Hogg
19870 Chagrin Blvd.
Shaker Heights, OH 44122

May 13, 2016

Dear John McCarthy,

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Sincerely,
Robert Hogg

Zolinski, Sara

From: Neil Mahoney <mahoney@lapham-hickey.com>
Sent: Friday, May 13, 2016 3:26 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Neil Mahoney
27261 Nantucket Dr.
N. Olmsted, OH 44070

May 13, 2016

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Sincerely,
Neil Mahoney

Zolinski, Sara

From: Dianne Needles <Dmneedles@onixnet.com>
Sent: Friday, May 13, 2016 3:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dianne Needles
30441 Oakwood Circle
North Olmsted, OH 44070

May 13, 2016

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Sincerely,
Dianne Needles

Zolinski, Sara

From: Laura Starnik <lstarnik@wowway.com>
Sent: Friday, May 13, 2016 3:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Starnik
11099 Albion Road
North Royalton, OH 44133

May 13, 2016

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Sincerely,
Laura Starnik

Zolinski, Sara

From: Beverly Anne LoGrasso <blograsso@ursulinesisters.org>
Sent: Friday, May 13, 2016 3:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Beverly Anne LoGrasso
14312 Detroit
Lakewood, OH 44107

May 13, 2016

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The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Beverly Anne LoGrasso

Zolinski, Sara

From: Mary Jo Schwartz <director@wschildcare.org>
Sent: Friday, May 13, 2016 2:46 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Jo Schwartz
12500 Edgewater Dr.
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Jo Schwartz

Zolinski, Sara

From: Laura Mielcarek <Laraknox44@gmail.com>
Sent: Friday, May 13, 2016 2:26 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Mielcarek
1439 Olivewood Ave
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Laura Mielcarek

Zolinski, Sara

From: Michael Coughlin <m.coughlin@sbcglobal.net>
Sent: Friday, May 13, 2016 2:26 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michael Coughlin
4140 W. 160th St.
Cleveland, OH 44135

May 13, 2016

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Sincerely,
Michael Coughlin

Zolinski, Sara

From: Lisa Galek <Slgalek@sbcglobal.net>
Sent: Friday, May 13, 2016 2:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lisa Galek
3440 Mark Dr
Broadview Hts, OH 44147

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Zolinski, Sara

From: Ray Caspio <rayray0779@hotmail.com>
Sent: Friday, May 13, 2016 2:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ray Caspio
2181 Wyandotte Avenue
Lakewood, OH 44107

May 13, 2016

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I do not believe any budget should be made at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Ray Caspio

Zolinski, Sara

From: Tim Collingwood <tc71087@hotmail.com>
Sent: Friday, May 13, 2016 1:56 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Tim Collingwood
1259 Cranford Ave.
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

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Sincerely,
Tim Collingwood

Zolinski, Sara

From: Cathy McPhillips <cathymcphillips@gmail.com>
Sent: Friday, May 13, 2016 1:46 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Cathy McPhillips
27125 Bruce Rd.
Bay Village, OH 44140

May 13, 2016

Dear John McCarthy,

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Sincerely,
Cathy McPhillips

Zolinski, Sara

From: Anne McEvoy <amcevoyo13@gmail.com>
Sent: Friday, May 13, 2016 1:36 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Anne McEvoy
2021 King James Pkwy.
Westlake, OH 44145

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Anne McEvoy

Zolinski, Sara

From: J. Stark <jstark@csjoseph.org>
Sent: Friday, May 13, 2016 1:36 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

J. Stark
3428 West 159th St.
Cleveland, OH 44111

May 13, 2016

Dear John McCarthy,

In addition to the following message, I would like to add this personal aside. I do think that if you are, in fact, concerned about the budget costs, you need to strictly address the costs of treatment being billed by our medical systems today as gouging and the systems themselves being free to absorb smaller systems and operate as behemoth oligopolies. To penalize people who are already at a disadvantage without addressing the other component of the problem, medical costs, seems disingenuous and skewed. To want to return to the good old days of insurance companies being able to cancel people when they become sick or too costly is regressive. The grand State of Ohio that we once were seems to be politicizing an issue that has a direct and detrimental effect on our state's citizens, and it is certainly being noted.

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
J. Stark

Zolinski, Sara

From: John Fickes <jcfickes@gmail.com>
Sent: Friday, May 13, 2016 1:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Fickes
410 Penny Lane
Akron, OH 44311

May 13, 2016

Dear John McCarthy,

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Zolinski, Sara

From: Mary Pat Cook <mpcook@hmministry.org>
Sent: Friday, May 13, 2016 1:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Pat Cook
23120 Stoneybrook Dr
North Olmsted, OH 44070

May 13, 2016

Dear John McCarthy,

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Mary Pat Cook

Zolinski, Sara

From: Kathleen Rossman <bkrossman@cox.net>
Sent: Friday, May 13, 2016 1:16 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Rossman
9 Aberdeen Court
Rocky River, OH 44116

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kathleen Rossman

Zolinski, Sara

From: Megan Roche <Meganctrigg@gmail.com>
Sent: Friday, May 13, 2016 1:06 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Megan Roche
15315 Edgewater Dr
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

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Sincerely,
Megan Roche

Zolinski, Sara

From: Barbara Daugherty <smbdaugherty@gmail.com>
Sent: Friday, May 13, 2016 12:29 PM
To: HealthyOhio
Subject: Fwd: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

---------- Forwarded message ----------
From: **Rep76@ohiohouse.gov** <Rep76@ohiohouse.gov>
Date: Friday, May 13, 2016
Subject: RE: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
To: "smbdaugherty@gmail.com" <smbdaugherty@gmail.com>

Dear Barbara,

Thank you for reaching out to me regarding the Healthy Ohio 1115 Demonstration Waiver. Currently, the Ohio Department of Medicaid is accepting public comment on their proposal. You can send your comments to the following email address: HealthyOhio@medicaid.ohio.gov

Please do not hesitate to contact me about future legislative matters.

Sincerely,

Sarah LaTourette
State Representative
Ohio House District 76

-----Original Message-----
From: smbdaugherty@gmail.com [mailto:smbdaugherty@gmail.com]
Sent: Wednesday, May 04, 2016 11:06 AM
To: Rep76
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sr. Barbara Daugherty
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

The Honorable Sarah LaTourette
77 South High Street
Columbus, OH 43215-6111

Dear Representative LaTourette,

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Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ s healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation s health care system. These efforts are rooted in John XXIII s encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Sr. Barbara Daugherty

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Sent from Gmail Mobile

Zolinski, Sara

From: Mary Hall <Specialk2346@hotmail.com>
Sent: Friday, May 13, 2016 12:25 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Hall
4770 W 211
Fairview park, OH 44126

May 13, 2016

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Sincerely,
Mary Hall

Zolinski, Sara

From: Daniel Fickes <st.therese@roadrunner.com>
Sent: Friday, May 13, 2016 11:45 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Daniel Fickes
5276 E. 105th St.
Garfield Heights, OH 44125-2602

May 13, 2016

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Sincerely,
Daniel Fickes

Zolinski, Sara

From: Amy Filbert <catsrsweet@hotmail.com>
Sent: Friday, May 13, 2016 11:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Amy Filbert
230 High Street
Berea, OH 44017

May 13, 2016

Dear John McCarthy,

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Sincerely,
Amy Filbert

Zolinski, Sara

From: Alan Klonowski <Adklonowski@hotmail.com>
Sent: Friday, May 13, 2016 11:25 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Alan Klonowski
7465 Brecksville Rd.
Independence, OH 44131

May 13, 2016

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Alan Klonowski

Zolinski, Sara

From: Ann Klonowski <Klonowska@hotmail.com>
Sent: Friday, May 13, 2016 11:25 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ann Klonowski
7465 Brecksville Rd.
Independence, OH 44131-6416

May 13, 2016

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Sincerely,
Ann Klonowski

Zolinski, Sara

From: Laura McBride <senseilauramcbride@gmail.com>
Sent: Friday, May 13, 2016 11:05 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura McBride
7347 Taft Street
Mentor, OH 44060

May 13, 2016

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Sincerely,
Laura McBride

Zolinski, Sara

From: Tim Needles <tim@onixnet.com>
Sent: Friday, May 13, 2016 10:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Tim Needles
18519 Detroit Avenue
Lakewood, OH 44107

May 13, 2016

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Sincerely,
Tim Needles

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Friday, May 13, 2016 9:45 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Geralyn Stenger

Zolinski, Sara

From: Michelle Brickner <Mmbrickner@gmail.com>
Sent: Friday, May 13, 2016 8:45 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Brickner
4414 franklin blvd
Cleveland, OH 44113

May 13, 2016

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Sincerely,
Michelle Brickner

Zolinski, Sara

From: michele zychowski <mvzychowski@gmail.com>
Sent: Friday, May 13, 2016 8:15 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

michele zychowski
1078 lakeland ave
lakewood, OH 44107

May 13, 2016

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Sincerely,
michele zychowski

Zolinski, Sara

From: Charise Pfahl <chrysp@juno.com>
Sent: Friday, May 13, 2016 8:05 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Charise Pfahl
362 Oakmoor
Bay Village, OH 44140

May 13, 2016

Dear John McCarthy,

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Sincerely,
Charise Pfahl

Zolinski, Sara

From: Tera Johnson <Tmichalski05@jcu.edu>
Sent: Friday, May 13, 2016 7:55 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Tera Johnson
1145 Dorsh
South Euclid, OH 44121

May 13, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Tera Johnson

Zolinski, Sara

From: Joseph Ventura <Jventura@sct.us.com>
Sent: Friday, May 13, 2016 7:55 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joseph Ventura
12550 Lake Avenue
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Joseph Ventura

Zolinski, Sara

From: Patricia Powers <Pattigal@aol.com>
Sent: Thursday, May 12, 2016 3:02 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia Powers
3063 West 114
Cleveland, OH 44111

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Patricia Powers

Zolinski, Sara

From: Laura Kuhn <lauraleekuhn@aol.com>
Sent: Thursday, May 12, 2016 11:51 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Kuhn
4258 West181
Cleveland, OH 44135

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Laura Kuhn

Zolinski, Sara

From: Linda Morrison <lindamcheck@yahoo.com>
Sent: Thursday, May 12, 2016 5:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Linda Morrison
1506 St. Charles Avenue
Lakewood, OH 44107

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Linda Morrison

Zolinski, Sara

From: Corrine Wagner <Cdwags421@yahoo.com>
Sent: Wednesday, May 11, 2016 10:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Corrine Wagner
421 E. Heritage Drive
Cuts hogs Falls, OH 44223

May 11, 2016

Dear John McCarthy,

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Corrine Wagner

Zolinski, Sara

From: Margaret Sobul <psobul@yahoo.com>
Sent: Thursday, May 12, 2016 11:01 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Sobul
1279 Dorsh Road
South Euclid, OH 44121

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely,
Margaret Sobul

Zolinski, Sara

From: Michelle Johansen <bmjohansen@yahoo.com>
Sent: Wednesday, May 11, 2016 9:00 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Johansen
36334 Chestnut Ridge Rd
North Ridgeville, OH 44039

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Michelle Johansen

Zolinski, Sara

From: Angela Yeager <Lillawfish@hotmail.com>
Sent: Friday, May 13, 2016 7:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Angela Yeager
2043 Arthur ave
Lakewood, OH 44107

May 13, 2016

Dear John McCarthy,

This proposal will lead to the death of many poor people and may start a civil war.

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely,
Angela Yeager

Zolinski, Sara

From: Sr. Catherine Walsh <scw@srsofcharity.org>
Sent: Friday, May 13, 2016 7:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sr. Catherine Walsh
838 Princeton St
Akron, OH 44311

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Sr. Catherine Walsh

Zolinski, Sara

From: Maggie Mooney <Maggiebeau2014@gmail.com>
Sent: Friday, May 13, 2016 7:05 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Maggie Mooney
1719 old tannery cir
Hudson, OH 44236

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Maggie Mooney

Zolinski, Sara

From: Neal Novak <nnovak@dioceseofcleveland.org>
Sent: Friday, May 13, 2016 6:55 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Neal Novak
26665 Brahms Drive
Westlake, OH 44145

May 13, 2016

Dear John McCarthy,

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Deacon Neal Novak

Zolinski, Sara

From: Connie McNulty <Mcnultyconnie@gmail.com>
Sent: Friday, May 13, 2016 2:35 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Connie McNulty
19330 Laurel Ave
Rocky River, OH 44116

May 13, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Connie McNulty

Zolinski, Sara

From: Marisa Pich <Mwpich83@gmail.com>
Sent: Thursday, May 12, 2016 9:14 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marisa Pich
6215 Timberlane Drive
Independence, OH 44131

May 12, 2016

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Sincerely,
Marisa Pich

Zolinski, Sara

From: Rita Carey <Rcarey321@gmail.com>
Sent: Thursday, May 12, 2016 8:44 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rita Carey
22445 Lake Rd b-201
Rocky River, OH 44116

May 12, 2016

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Sincerely,
Rita Carey

Zolinski, Sara

From: barbara conroy <barbc8346@att.net>
Sent: Thursday, May 12, 2016 7:32 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

barbara conroy
8378 russell ln
cleveland, OH 44144

May 12, 2016

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Sincerely,
barbara conroy

Zolinski, Sara

From: Ann Kalister <amkalister@gmail.com>
Sent: Thursday, May 12, 2016 7:02 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ann Kalister
3113 Holly Dr.
Brunswick, OH 44212

May 12, 2016

Dear John McCarthy,

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Sincerely,
Ann Kalister

Zolinski, Sara

From: Margaret Svoboda <Svobodama@sbcglobal.net>
Sent: Thursday, May 12, 2016 6:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Svoboda
4900 Scottsdale Dr
North Royalto, OH 44133

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
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Zolinski, Sara

From: Joanne Majoros <jmm44137@gmail.com>
Sent: Thursday, May 12, 2016 6:42 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joanne Majoros
14408 Tokay Av
Maple Hts, OH 44137

May 12, 2016

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Sincerely,
Joanne Majoros

Zolinski, Sara

From: Steven Jablonski <jabby4@sbcglobal.net>
Sent: Thursday, May 12, 2016 5:32 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Steven Jablonski
4625 Lanchester Rd
Cleveland, OH 44109

May 12, 2016

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Sincerely,
Steven Jablonski

Zolinski, Sara

From: Mary Anne Belanger <mbelanger@waynecac.org>
Sent: Thursday, May 12, 2016 5:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Anne Belanger
4211 Willow Wood Run
Wooster, OH 44691

May 12, 2016

Dear John McCarthy,

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Sincerely,
Mary Anne Belanger

Zolinski, Sara

From: Rosemary Goebel <Rlgoebel@cox.net>
Sent: Thursday, May 12, 2016 3:42 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rosemary Goebel
6403 Rousseau Dr.
Parma, OH 44129

May 12, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Rosemary Goebel

Zolinski, Sara

From: Shirley Bixby <sbixby@ashlandhealth.com>
Sent: Thursday, May 12, 2016 3:02 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Shirley Bixby
886 Twp. Rd. 251
Polk, OH 44866

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
Shirley Bixby

Zolinski, Sara

From: Markyn Werner <Marwern610@gmail.com>
Sent: Thursday, May 12, 2016 2:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Markyn Werner
4745 Whiteoaks Dr
Brunswick, OH 44212

May 12, 2016

Dear John McCarthy,

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Sincerely,
Marilyn Werner

Zolinski, Sara

From: Manuel Santiago <three357eagle@gmail.com>
Sent: Thursday, May 12, 2016 2:42 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Manuel Santiago
2169 Wascana Avenue
Lakewood, OH 44107

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Manuel Santiago

Zolinski, Sara

From: Tanya Perez <Tanyam.perez@gmail.com>
Sent: Thursday, May 12, 2016 12:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Tanya Perez
4537 broadale rd
Cleveland, OH 44109

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Tanya Perez

Zolinski, Sara

From: Mary Kolk <mrk520@gmil.com>
Sent: Thursday, May 12, 2016 12:22 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Kolk
1524 North Circleview Drive
Seven Hills, OH 44131

May 12, 2016

Dear John McCarthy,

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Mary Kolk

Zolinski, Sara

From: John Belanger <jsbmab@sssnet.com>
Sent: Thursday, May 12, 2016 11:31 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Belanger
4211 Willow Wood Run
Wooster, OH 44691

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
John Belanger

Zolinski, Sara

From: Pat Graham <pgraham44126@gmail.com>
Sent: Thursday, May 12, 2016 11:11 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Pat Graham
4804 West Park Drive
Cleveland, OH 44126

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Pat Graham

Zolinski, Sara

From: John Wolf <jpwolf5@sbcglobal.net>
Sent: Thursday, May 12, 2016 11:01 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Wolf
6763 Cheryl Ann Dr
Seven Hills, OH 44131

May 12, 2016

Dear John McCarthy,

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Sincerely,
John Wolf

Zolinski, Sara

From: Kimberly Pride <kpride@clevelandhabitat.org>
Sent: Thursday, May 12, 2016 10:51 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kimberly Pride
819 Glenhurst
Willowick, OH 44095

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kimberly Pride

Zolinski, Sara

From: Daniel Luciano <dannyluch@gmail.com>
Sent: Thursday, May 12, 2016 10:51 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Daniel Luciano
6385 Evergreen Dr.
Independence, OH 44131

May 12, 2016

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Sincerely,
Daniel Luciano

Zolinski, Sara

From: Angela Fabek <angelafabek@gmail.com>
Sent: Thursday, May 12, 2016 10:41 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Angela Fabek
1447 Firethorn Drive
Seven Hills, OH 44131

May 12, 2016

Dear John McCarthy,

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Sincerely,
Angela Fabek

Zolinski, Sara

From: Susan Synek <syneks22@gmail.com>
Sent: Thursday, May 12, 2016 10:31 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Susan Synek
7415 Hillside Road
Independence, OH 44131

May 12, 2016

Dear John McCarthy,

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Sincerely,
Susan Synek

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Thursday, May 12, 2016 10:11 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 12, 2016

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Sincerely,
Geralyn Stenger

Zolinski, Sara

From: Len Calabrese <calabrese22@att.net>
Sent: Thursday, May 12, 2016 10:01 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Len Calabrese
1033 Stonecutters Lane
South Euclid, OH 44121-3814

May 12, 2016

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Sincerely,
Len Calabrese

Zolinski, Sara

From: Donna Tabar <dwtabar@gmail.com>
Sent: Thursday, May 12, 2016 8:51 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donna Tabar
2807 Waterfall Way
Westlake, OH 44145

May 12, 2016

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Sincerely,
Donna Tabar

Zolinski, Sara

From: Jacqueline Belanger <belanger.24@osu.edu>
Sent: Thursday, May 12, 2016 8:31 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jacqueline Belanger
1020 Ashwood Dr
Wooster, OH 44691

May 12, 2016

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Sincerely,
Dr. Jacqueline Belanger

Zolinski, Sara

From: Patricia Carey <careyinclv@aol.com>
Sent: Wednesday, May 11, 2016 4:48 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia Carey
3830 Claridge Oval
University Heights, OH 44118

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Patricia Carey

Zolinski, Sara

From: patricia hollack <patricia.hollack@yahoo.com>
Sent: Wednesday, May 11, 2016 8:26 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

patricia hollack
1606 chesterland ave
lakewood, OH 44107

May 11, 2016

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Sincerely,
patricia hollack

Zolinski, Sara

From: Judith Bozell <jbozell43@yahoo.com>
Sent: Wednesday, May 11, 2016 11:07 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Judith Bozell
741 Canter Circle
Berea, OH 44017

May 11, 2016

Dear John McCarthy,

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Sincerely,
Judith Bozell

Zolinski, Sara

From: Robert Lach <blach5315@yahoo.com>
Sent: Tuesday, May 10, 2016 9:35 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Lach
6693 Somerset Lane
Seven Hills, OH 44131-3644

May 10, 2016

Dear John McCarthy,

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Sincerely,
Robert Lach

Zolinski, Sara

From: Janet Leitch <Ltch5@aol.com>
Sent: Tuesday, May 10, 2016 10:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Janet Leitch
1101 MapleCliff Dr
Lakewood, OH 44107

May 10, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Janet Leitch

Zolinski, Sara

From: Rose Marie Stevens <mosie512@aol.com>
Sent: Tuesday, May 10, 2016 9:25 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rose Marie Stevens
8125 Wedgewood Dr.
Chesterland, OH 44026

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
Rose Marie Stevens

Zolinski, Sara

From: Jeff Campbell <camjeffrey@juno.com>
Sent: Thursday, May 12, 2016 12:01 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jeff Campbell
2522 Bolton Rd.
Cleveland Heights, OH 44118

May 12, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jeff Campbell

Zolinski, Sara

From: Mary McNamara <Marymac112@hotmail.com>
Sent: Wednesday, May 11, 2016 11:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary McNamara
1896 West 71
Cleveland, OH 44102

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary McNamara

Zolinski, Sara

From: Stephanie Riccobene <riccobene726@gmail.com>
Sent: Wednesday, May 11, 2016 9:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Stephanie Riccobene
12227 Clifton Blvd.
Lakewood, OH 44107

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Stephanie Riccobene

Zolinski, Sara

From: JoAnn Watson <jwatson@ashland.edu>
Sent: Wednesday, May 11, 2016 8:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

JoAnn Watson
340 N. Countryside Drive
Ashland, OH 44805

May 11, 2016

Dear John McCarthy,

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
JoAnn Watson

Zolinski, Sara

From: John Benson <jobobenson@wowway.com>
Sent: Wednesday, May 11, 2016 5:18 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Benson
16459 Webster Rd
Middleburg Hts, OH 44130

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
John Benson

Zolinski, Sara

From: Lorna Greicius <lornagreicius@gmail.com>
Sent: Wednesday, May 11, 2016 4:17 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lorna Greicius
1124 Pennsylvania Ave.
Ashtabula, OH 44004

May 11, 2016

Dear John McCarthy,

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Sincerely,
Lorna Greicius

Zolinski, Sara

From: mary warren <mwarren25@cox.net>
Sent: Wednesday, May 11, 2016 2:07 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

mary warren
12500 edgewater dr. #1604
lakewood, OH 44107

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
mary warren

Zolinski, Sara

From: Leo Bistak <leot.bistak@gmail.com>
Sent: Wednesday, May 11, 2016 2:07 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Leo Bistak
12984 Martin Dr.
Cleveland, OH 44130-5742

May 11, 2016

Dear John McCarthy,

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Sincerely,
Leo Bistak

Zolinski, Sara

From: Ellen McIntyre <kevell1536@wowway.com>
Sent: Wednesday, May 11, 2016 1:27 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ellen McIntyre
26760 Chapel Hill Dr.
N. Olmsted, OH 44070

May 11, 2016

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Sincerely,
Ellen McIntyre

Zolinski, Sara

From: Charlene DeBerry <cmdeberry@tt.net>
Sent: Wednesday, May 11, 2016 1:27 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Charlene DeBerry
8401 Tioga Avenue
Cleveland, OH 44105

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Charlene DeBerry

Zolinski, Sara

From: Helen Brinich <helenmbrinich@gmail.com>
Sent: Wednesday, May 11, 2016 10:57 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Helen Brinich
12700 Lake Ave. #1701
Lakewood, OH 44107

May 11, 2016

Dear John McCarthy,

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Sincerely,
Helen Brinich

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Wednesday, May 11, 2016 9:57 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 11, 2016

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Sincerely,
Geralyn Stenger

Zolinski, Sara

From: Carol Smith <carolandmarvs@yahoo.com>
Sent: Tuesday, May 10, 2016 7:15 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carol Smith
12543 Indian Hollow Rd.
Grafton, OH 44044-9190

May 10, 2016

Dear John McCarthy,

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Sincerely,
Carol Smith

Zolinski, Sara

From: Linda Wilson <lk.wilson@yahoo.com>
Sent: Tuesday, May 10, 2016 6:05 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Linda Wilson
1076 Leedale Ave
Lakewood, OH 44107

May 10, 2016

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Sincerely,
Linda Wilson

Zolinski, Sara

From: Johanna Vine <johannavine@yahoo.com>
Sent: Tuesday, May 10, 2016 4:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Johanna Vine
2596 Warrensville Center Road
University Heights, OH 44118

May 10, 2016

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Sincerely,
Johanna Vine

Zolinski, Sara

From: Bernard Meaney <palamoun2006@yahoo.com>
Sent: Tuesday, May 10, 2016 1:50 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Bernard Meaney
3908 West 36
Cleveland, OH 44109

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Bernard Meaney

Zolinski, Sara

From: Terry Jungquist <terry.jungquist@yahoo.com>
Sent: Tuesday, May 10, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Terry Jungquist
2336 Canterbury Rd.
Westlake, OH 44145-3232

May 10, 2016

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Sincerely,
Terry Jungquist

Zolinski, Sara

From: Mark Laskey <markdlaskey@yahoo.com>
Sent: Tuesday, May 10, 2016 12:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mark Laskey
21871 Eaton Road
Fairview Park, OH 44126

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mark Laskey

Zolinski, Sara

From: Joe Ippolito <joeippo@aol.com>
Sent: Tuesday, May 10, 2016 12:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joe Ippolito
1558 Lincoln Avenue
Lakewood, OH 44107

May 10, 2016

Dear John McCarthy,

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Sincerely,
Joe Ippolito

Zolinski, Sara

From: Kimberly Tatro <kimberlytatro@ymail.com>
Sent: Tuesday, May 10, 2016 11:59 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kimberly Tatro
36561 Grafton Eastern
Grafton, OH 44044

May 10, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely,
Kimberly Tatro

Zolinski, Sara

From: Laura Manning <Luckylauri@aol.com>
Sent: Tuesday, May 10, 2016 11:49 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Manning
22601 Mastick rd
Fairview, OH 44126

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Laura Manning

Zolinski, Sara

From: Mary Jane Treichel <maryjane.treichel@yahoo.com>
Sent: Tuesday, May 10, 2016 4:01 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Jane Treichel
7821 Lake Ave
Cleveland, OH 44102

May 10, 2016

Dear John McCarthy,

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Sincerely,
Mary Jane Treichel

Zolinski, Sara

From: Kathryn Melton <kmtd123@YAHOO.COM>
Sent: Monday, May 09, 2016 11:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathryn Melton
7821 Lake Ane
Cleveland, OH 44102

May 9, 2016

Dear John McCarthy,

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Sincerely,
Kathryn Melton

Zolinski, Sara

From: Lois Best <loissnd@yahoo.com>
Sent: Monday, May 09, 2016 8:50 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lois Best
13000 Auburn Rd.
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Lois Best

Zolinski, Sara

From: Donna Paluf <dpaluf@yahoo.com>
Sent: Monday, May 09, 2016 8:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donna Paluf
5354 Wilson Mills Road
Highland Hts., OH 44143

May 9, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Donna Paluf

Zolinski, Sara

From: Marita Pompeani <Marita4161@msn.com>
Sent: Wednesday, May 11, 2016 8:16 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marita Pompeani
877 Hampton Ct
Northfield, OH 44067

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Marita Pompeani

Zolinski, Sara

From: Vivian Furcsik <vfurcsik@oh.rr.com>
Sent: Wednesday, May 11, 2016 1:16 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Vivian Furcsik
2370 trailard dr
WILLOUGHBY, OH 44094

May 11, 2016

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Sincerely,
Vivian Furcsik

Zolinski, Sara

From: Stephanie Schmelzer <StephSchmelzer@gmail.com>
Sent: Wednesday, May 11, 2016 12:25 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Stephanie Schmelzer
2154 Olive Avenue
Lakewood, OH 44107-5710

May 11, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Stephanie Schmelzer

Zolinski, Sara

From: Mary Catherine Jacob <cathy.jacob3@gmail.com>
Sent: Wednesday, May 11, 2016 12:25 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Catherine Jacob
2356 Roxbury Rd.
Avon, OH 44011

May 11, 2016

Dear John McCarthy,

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Sincerely,
Mary Catherine Jacob

Zolinski, Sara

From: Dorothy J M Weathers <dorothyjean1517@att.net>
Sent: Tuesday, May 10, 2016 10:35 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dorothy J M Weathers
9407 Clifton Blvd
Cleveland, OH 44102

May 10, 2016

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Sincerely,
Dorothy J M Weathers

Zolinski, Sara

From: judy panek <judypa@sbcglobal.net>
Sent: Tuesday, May 10, 2016 10:25 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

judy panek
6160 stumph rd. #108
parma, OH 44130

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
judy panek

Zolinski, Sara

From: Margaret Daniels <mrdmsn@gmail.com>
Sent: Tuesday, May 10, 2016 9:55 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Daniels
5932 Gareau Drive
North Olmsted, OH 44070

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Margaret Daniels

Zolinski, Sara

From: margaret kosch <margiekosch2000@hotmail.com>
Sent: Tuesday, May 10, 2016 9:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

margaret kosch
2080 arthur ave
lakewood, OH 44107

May 10, 2016

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Sincerely,
margaret kosch

Zolinski, Sara

From: Mary Filipic <Filipicma@live.com>
Sent: Tuesday, May 10, 2016 9:25 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Filipic
6796 mill
Brecksville, OH 44141

May 10, 2016

Dear John McCarthy,

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Sincerely,
Mary Filipic

Zolinski, Sara

From: Ann Marie Noga <pjnoga@ndec.org>
Sent: Tuesday, May 10, 2016 9:25 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ann Marie Noga
2425 N. Taylor RD.
Cleveland Hts., OH 44118

May 10, 2016

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Sincerely,
Ann Marie Noga

Zolinski, Sara

From: Joan Matz <dmatzsr@roadrunner.com>
Sent: Tuesday, May 10, 2016 9:15 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joan Matz
427 Chipping Lane
Chagrin Falls, OH 44023

May 10, 2016

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Sincerely,
Joan Matz

Zolinski, Sara

From: Margaret Ann Jablonski <margaret.jablonski@sbcglobal.net>
Sent: Tuesday, May 10, 2016 9:15 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Ann Jablonski
342 Skyview Rd
Cleveland, OH 44109

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Margaret Ann Jablonski

Zolinski, Sara

From: Roger Jones <rjones19920@gmail.com>
Sent: Tuesday, May 10, 2016 9:05 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Roger Jones
455-34 Hill Drive
Aurora, OH 44202

May 10, 2016

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Sincerely,
Roger Jones

Zolinski, Sara

From: norma Jean hermick <nj58@roadrunner.com>
Sent: Tuesday, May 10, 2016 8:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

norma Jean hermick
2605 north bend road
ashtabula, OH 44004

May 10, 2016

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Zolinski, Sara

From: Kevin Aylward <b.aylward@sbcglobal.net>
Sent: Tuesday, May 10, 2016 8:05 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kevin Aylward
1436 Rockway
Lakewood, OH 44107

May 10, 2016

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Sincerely,
Kevin Aylward

Zolinski, Sara

From: Nancy Saegel <noslin@mac.com>
Sent: Tuesday, May 10, 2016 7:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Nancy Saegel
5248 W. Park Drive
North Olmsted, OH 44070

May 10, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Nancy Saegel

Zolinski, Sara

From: John Lucic <jlucic@juno.com>
Sent: Tuesday, May 10, 2016 6:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Lucic
1484 Elbur Ave.
Lakewood, OH 44107

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
John Lucic

Zolinski, Sara

From: Marvin Smith <carolandmarv@gmail.com>
Sent: Tuesday, May 10, 2016 6:45 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marvin Smith
12543 Indian Hollow Rd
Grafton, OH 44044

May 10, 2016

Dear John McCarthy,

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Sincerely,
Marvin Smith

Zolinski, Sara

From: James Martin <Jmartin44@sbcglobal.net>
Sent: Tuesday, May 10, 2016 6:15 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

James Martin
4350 Garwood Rd.
Cleveland, OH 44109

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
James Martin

Zolinski, Sara

From: Reveley Mary <mary.reveley@att.net>
Sent: Tuesday, May 10, 2016 5:10 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Reveley Mary
4303 Wooster Road
Fairview Park, OH 44126

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Reveley Mary

Zolinski, Sara

From: Linda Tuckosh <lituck@wowway.com>
Sent: Tuesday, May 10, 2016 4:40 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Linda Tuckosh
6441Fry Road
Brook Park, OH 44142-3631

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Linda Tuckosh

Zolinski, Sara

From: Gary Pritts <gary.pritts@gmail.com>
Sent: Tuesday, May 10, 2016 4:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Gary Pritts
4168 Brookway Ln
Brooklyn, OH 44144

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Zolinski, Sara

From: Carl Zupan <cbzupan1@sbcglobal.net>
Sent: Tuesday, May 10, 2016 4:20 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carl Zupan
21878 Seabury Ave
Fairview Park, OH 44126

May 10, 2016

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Sincerely,
Carl Zupan

Zolinski, Sara

From: Therese Dugan <tdugan@ndec.org>
Sent: Tuesday, May 10, 2016 3:50 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Therese Dugan
13000 Auburn Road
Chardon, OH 44024

May 10, 2016

Dear John McCarthy,

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Sincerely,
Therese Dugan

Zolinski, Sara

From: John Klee <jpklee@ccdocle.org>
Sent: Tuesday, May 10, 2016 3:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Klee
9023 Gatestone Road
North Ridgeville, OH 44039

May 10, 2016

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Sincerely,
John Klee

Zolinski, Sara

From: Mary Ann Hvizda <Mahvizda@hotmail.com>
Sent: Tuesday, May 10, 2016 3:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Ann Hvizda
3556 Rocky River dr.
Cleveland, OH 44111

May 10, 2016

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Zolinski, Sara

From: Stephanie Pritts <stephanie.p@stmalachi.org>
Sent: Tuesday, May 10, 2016 3:20 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Stephanie Pritts
4168 Brookway Lane
Brooklyn, OH 44144

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Stephanie Pritts

Zolinski, Sara

From: Mary Lucic <polarpumpkin@gmail.com>
Sent: Tuesday, May 10, 2016 3:00 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Lucic
1484 Elbur Ave
Lakewood, OH 44107

May 10, 2016

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Sincerely,
Mary Lucic

Zolinski, Sara

From: Gertrude Kennedy <ttkennedy@cox.net>
Sent: Tuesday, May 10, 2016 2:20 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Gertrude Kennedy
19342 Laurel Ave.
Rocky River, OH 44116

May 10, 2016

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Gertrude Kennedy

Zolinski, Sara

From: Laura Parran <lbastulli.parran@gmail.com>
Sent: Tuesday, May 10, 2016 1:50 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Laura Parran
2876 Weybridge Road
Shaker Heights, OH 44120

May 10, 2016

Dear John McCarthy,

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Sincerely,
Laura Parran

Zolinski, Sara

From: Nancy Castle <ncastle@ccdocle.org>
Sent: Tuesday, May 10, 2016 1:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Nancy Castle
9669 Emerald Brook cir NW
Canal Fulton, OH 44614

May 10, 2016

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Sincerely,
Nancy Castle

Zolinski, Sara

From: CAROL SCHIRO <c_schiro@hotmail.com>
Sent: Tuesday, May 10, 2016 1:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

CAROL SCHIRO
4236 West 36th STREET
CLEVELAND, OH 44109

May 10, 2016

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Sincerely,
CAROL SCHIRO

Zolinski, Sara

From: Rosemarie Stangel <Caseystangel@ameritech.net>
Sent: Tuesday, May 10, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rosemarie Stangel
707 South Point Trail
Berea, OH 44017

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Rosemarie Stangel

Zolinski, Sara

From: Barbara Hornbeek <yakermom@gmail.com>
Sent: Tuesday, May 10, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Barbara Hornbeek
162 Burns Road
Elyria, OH 44035

May 10, 2016

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Sincerely,
Barbara Hornbeek

Zolinski, Sara

From: James Pellegrino <jim137@outlook.com>
Sent: Tuesday, May 10, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

James Pellegrino
9 Oak Dr.
Olmsted Falls, OH 44138

May 10, 2016

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Sincerely,
James Pellegrino

Zolinski, Sara

From: Michael Graham <mmrsgraham@msn.com>
Sent: Tuesday, May 10, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michael Graham
1295 Bonnieview Ave
Lakewood, OH 44107

May 10, 2016

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Michael Graham

Zolinski, Sara

From: Christine Schenk CSJ <cschenkcsj@gmail.com>
Sent: Tuesday, May 10, 2016 12:49 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Christine Schenk CSJ
16717 Ernadale
Cleveland, OH 44111

May 10, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Christine Schenk CSJ

Zolinski, Sara

From: Richard Zimmerman <rztravel1@gmail.com>
Sent: Tuesday, May 10, 2016 12:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Richard Zimmerman
2431 Stanfield Dr
Parma, OH 44134

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Richard Zimmerman

Zolinski, Sara

From: Kevin Domann <kevindomann@att.net>
Sent: Tuesday, May 10, 2016 12:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kevin Domann
10021 Plum Brook Ln.
Strongsville, OH 44149

May 10, 2016

Dear John McCarthy,

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Sincerely,
Kevin Domann

Zolinski, Sara

From: Dorothy McCarthy <nogad@mac.com>
Sent: Tuesday, May 10, 2016 12:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dorothy McCarthy
7008 Brookside Drive
Cleveland, OH 44144

May 10, 2016

Dear John McCarthy,

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Sincerely,
Dorothy McCarthy

Zolinski, Sara

From: Megan Dull <mdull6215@gmail.com>
Sent: Tuesday, May 10, 2016 12:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Megan Dull
3835 Bridgeview Dr
South Euclid, OH 44121

May 10, 2016

Dear John McCarthy,

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Megan Dull

Zolinski, Sara

From: Dolores Sullin <dasas@wowway.com>
Sent: Tuesday, May 10, 2016 12:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dolores Sullin
14197 Thompson Blvd.
Brook Park, OH 44142

May 10, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Dolores Sullin

Zolinski, Sara

From: Robert Simoneau <simoneaur@sbcglobal.net>
Sent: Tuesday, May 10, 2016 12:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Simoneau
2109 Wooster Raod, Apt B47
Rocky River4, OH 44116

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Robert Simoneau

Zolinski, Sara

From: Terence Flanagan <tjpflan@gmail.com>
Sent: Tuesday, May 10, 2016 11:49 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Terence Flanagan
5399 Birch Street
North Ridgeville, OH 44039

May 10, 2016

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Sincerely,
Terence Flanagan

Zolinski, Sara

From: Carole Iseli <caiseli@outlook.com>
Sent: Tuesday, May 10, 2016 11:09 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carole Iseli
3303 Linden Road, #331
Rocky River, OH 44116-4196

May 10, 2016

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Sincerely,
Carole Iseli

Zolinski, Sara

From: Jen Sunday <jsunday@ccdocle.org>
Sent: Tuesday, May 10, 2016 11:09 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jen Sunday
977 W Abbey Dr.
Medina, OH 44256

May 10, 2016

Dear John McCarthy,

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Sincerely,
Jen Sunday

Zolinski, Sara

From: Kelly Schlereth <kschlereth@ndec.org>
Sent: Tuesday, May 10, 2016 10:48 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kelly Schlereth
Sisters of Notre Dame- 13000 Auburn Road Chardon, OH 44024

May 10, 2016

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Sincerely,
Kelly Schlereth

Zolinski, Sara

From: Constance Przybylski <srconnie@holyspiritavonlake.org>
Sent: Tuesday, May 10, 2016 10:28 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Constance Przybylski
2680 Stoney Ridge Road
Avon, OH 44011

May 10, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Constance Przybylski

Zolinski, Sara

From: Maureen Meehan <maureeninmadrid@gmail.com>
Sent: Tuesday, May 10, 2016 9:58 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Maureen Meehan
4888 Jody Lynn Drive
Mentor, OH 44060

May 10, 2016

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Sincerely,
Maureen Meehan

Zolinski, Sara

From: Maxine Murphy <M82murphy@att.net>
Sent: Tuesday, May 10, 2016 9:48 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Maxine Murphy
6884c Stratford circle
Mentor, OH 44060

May 10, 2016

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Sincerely,
Maxine Murphy

Zolinski, Sara

From: Linnea Fox <lfox@hospicewr.org>
Sent: Tuesday, May 10, 2016 9:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Linnea Fox
71 Mt Vernon Ct
Mentor, OH 44060

May 10, 2016

Dear John McCarthy,

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Sincerely,
Linnea Fox

Zolinski, Sara

From: Marianne Bitonti <jbitonti@windstream.net>
Sent: Tuesday, May 10, 2016 9:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marianne Bitonti
12080 Auburn Rd
Chardon, OH 44024

May 10, 2016

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Sincerely,
Marianne Bitonti

Zolinski, Sara

From: Judy Visi <jvisi@cox.net>
Sent: Tuesday, May 10, 2016 9:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Judy Visi
15555 Hilliard Rd.
Lakewood, OH 44107

May 10, 2016

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Sincerely,
Judy Visi

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Tuesday, May 10, 2016 9:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Zolinski, Sara

From: Stephen Giblin <stephenqgiblin@gmail.com>
Sent: Tuesday, May 10, 2016 9:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Stephen Giblin
3617 Kings Mill Run
Rocky River, OH 44116

May 10, 2016

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Sincerely,
Stephen Giblin

Zolinski, Sara

From: Diane Novak <lnovak@ndec.org>
Sent: Tuesday, May 10, 2016 9:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

May 10, 2016

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Sincerely,
Diane Novak

Zolinski, Sara

From: Helene Gregos <hgregos@ndec.org>
Sent: Tuesday, May 10, 2016 9:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Helene Gregos
13000 Auburn Rd.
Chardon, OH 44024-9331

May 10, 2016

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Helene Gregos

Zolinski, Sara

From: JoAnn Welch <Josephinewelch@hotmail.com>
Sent: Tuesday, May 10, 2016 9:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

JoAnn Welch
6035 Lake Road West
Ashtabula, OH 44004

May 10, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
JoAnn Welch

Zolinski, Sara

From: Angela Abdoo <aabdoo@aol.com>
Sent: Monday, May 09, 2016 5:30 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Angela Abdoo
428 E. Heritage Dr
Cuyahoga Falls, OH 44223

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Angela Abdoo

Zolinski, Sara

From: Margaret Thomas - Repcik <margaretthomasrepcik@yahoo.com>
Sent: Monday, May 09, 2016 6:00 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Thomas - Repcik
191 Medina Road
Medina, OH 44256

May 9, 2016

Dear John McCarthy,

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Sincerely,
Margaret Thomas - Repcik

Zolinski, Sara

From: Rosemary Koesel <rokoesel@yahoo.com>
Sent: Monday, May 09, 2016 6:40 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Rosemary Koesel
4982 Clubside
Lyndhurst, OH 44124

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Rosemary Koesel

Zolinski, Sara

From: Robert Begn <bobegin@yahoo.com>
Sent: Monday, May 09, 2016 3:49 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Begn
12500 Edgewater Drive 31506
Lakewood, OH 44107

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Robert Begn

Zolinski, Sara

From: Audrey Koch <audreyark@yahoo.com>
Sent: Monday, May 09, 2016 4:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Audrey Koch
St. Joseph Village
Cleveland, OH 44111

May 9, 2016

Dear John McCarthy,

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Please do your best to help us.
Audrey Koch

Zolinski, Sara

From: Mary Quinlan <mquinlan@aol.com>
Sent: Monday, May 09, 2016 2:29 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Quinlan
28704 Euclid Ave.
Wickliffe, OH 44092

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Quinlan

Zolinski, Sara

From: Mary Gray <mbelcanto@yahoo.com>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Gray
29875 Sequoia Trail
Westlake, OH 44145

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Gray

Zolinski, Sara

From: Marsha Denis <Marsha.denis@yahoo.com>
Sent: Monday, May 09, 2016 12:59 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marsha Denis
14014 Shaker Blvd
Shaker Heights, OH 44120-5601

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Marsha Denis

Zolinski, Sara

From: Mary Carlin <dcarlin@ndec.org>
Sent: Tuesday, May 10, 2016 7:41 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Carlin
13000 Auburn Road
Chardon, OH 44024

May 10, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Carlin

Zolinski, Sara

From: Margie O'connor <Margio.margie@gmail.com>
Sent: Tuesday, May 10, 2016 12:21 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margie O'connor
7225 schooners cove
Concord, OH 44077

May 10, 2016

Dear John McCarthy,

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Sincerely,
Margie O'connor

Zolinski, Sara

From: Bill O'Connor <oconnorwjp@gmail.com>
Sent: Tuesday, May 10, 2016 12:21 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Bill O'Connor
7225 Schooner's Cove
Painesville, OH 44076

May 10, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Bill O'Connor

Zolinski, Sara

From: Jaehwan Seo <korseo6@hotmail.com>
Sent: Monday, May 09, 2016 11:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jaehwan Seo
29189 Quail Run
North Olmsted, OH 44070

May 9, 2016

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Sincerely,
Jaehwan Seo

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Monday, May 09, 2016 9:10 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 9, 2016

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Sincerely,
Geralyn Stenger

Zolinski, Sara

From: Janice Henniger <Jhenniger@csjoseph.org>
Sent: Monday, May 09, 2016 8:50 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Janice Henniger
16610 Southland Ave
Cleveland, OH 44111

May 9, 2016

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Sincerely,
Janice Henniger

Zolinski, Sara

From: Bernadine Janci <bjanci@ndec.org>
Sent: Monday, May 09, 2016 8:40 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Bernadine Janci
4250 Shields Rd
Canfield, OH 44406

May 9, 2016

Dear John McCarthy,

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Sincerely,
Bernadine Janci

Zolinski, Sara

From: Julie Gilmore <jtgilmore@ndec.org>
Sent: Monday, May 09, 2016 7:40 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Julie Gilmore
3425 Snow Road
Parma, OH 44134

May 9, 2016

Dear John McCarthy,

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Julie Gilmore

Zolinski, Sara

From: Dorothy Luli <dluli@ndec.org>
Sent: Monday, May 09, 2016 7:20 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dorothy Luli
13000 Auburn Road
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Dorothy Luli

Zolinski, Sara

From: Carole Geiger <Cgeiger@ndec.org>
Sent: Monday, May 09, 2016 6:00 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carole Geiger
20000 Lorain Rd. #522
Fairview Park, OH 44126

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Carole Geiger

Zolinski, Sara

From: Anthony Schuerger <Fr.Tony.S@stmalachi.org>
Sent: Monday, May 09, 2016 5:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Anthony Schuerger
2459 Washington Ave.
Cleveland, OH 44113

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Anthony Schuerger

Zolinski, Sara

From: Marilyn Seiler <fseiler@ndec.org>
Sent: Monday, May 09, 2016 4:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marilyn Seiler
13000 Auburn Rd
Chardon, OH 44024

May 9, 2016

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Sincerely,
Marilyn Seiler

Zolinski, Sara

From: Helen Burdenski <helen.burdenski@gmail.com>
Sent: Monday, May 09, 2016 3:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Helen Burdenski
4487 Greenwold Rd.
South Euclid, OH 44121

May 9, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Helen Burdenski

Zolinski, Sara

From: Chloe Brown <cabrown@ccdocle.org>
Sent: Monday, May 09, 2016 3:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Chloe Brown
306 Oxford Ave.
Akron, OH 44310

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Chloe Brown

Zolinski, Sara

From: kathleen wadowick <kmwadowick@hotmail.com>
Sent: Monday, May 09, 2016 3:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

kathleen wadowick
3447 W. 100th ST.
cleveland, OH 44111

May 9, 2016

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Sincerely,
kathleen wadowick

Zolinski, Sara

From: Alice Dugar <adugar@ndec.org>
Sent: Monday, May 09, 2016 3:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Alice Dugar
6800 Chestnut Rd.
Independence, OH 44131

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Alice Dugar

Zolinski, Sara

From: Helen Pilla <hpilla@catholiccc.org>
Sent: Monday, May 09, 2016 3:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Helen Pilla
532 Ransome Road
Highland Hts, OH 44143

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Helen Pilla

Zolinski, Sara

From: Ann Marie Teder <amteder@ndec.org>
Sent: Monday, May 09, 2016 2:49 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ann Marie Teder
13000 Auburn Rd.
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Ann Marie Teder

Zolinski, Sara

From: Mary Ann Burke <Maburke@ndec.org>
Sent: Monday, May 09, 2016 2:29 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Ann Burke
13000 Auburn Rd
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Mary Ann Burke

Zolinski, Sara

From: Jean Brown <jbrown@ndec.org>
Sent: Monday, May 09, 2016 2:29 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jean Brown
13000 Auburn Road
Chardon, OH 44024

May 9, 2016

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Sincerely,
Jean Brown

Zolinski, Sara

From: Mary Antonee Pfenning <antonee.pfenning@ndcl.org>
Sent: Monday, May 09, 2016 2:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Antonee Pfenning
13000 Auburn Road
Chardon, OH 44024

May 9, 2016

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Sincerely,
Mary Antonee Pfenning

Zolinski, Sara

From: Barbara Klodt <bklodt@ndec.org>
Sent: Monday, May 09, 2016 2:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Barbara Klodt
13000 Auburn Rd.
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Barbara Klodt

Zolinski, Sara

From: Patricia Garrahan <pgarrahan@ndec.org>
Sent: Monday, May 09, 2016 1:49 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia Garrahan
Notre Dame Education Center
Chardon, OH 44024

May 9, 2016

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Sincerely,
Patricia Garrahan

Zolinski, Sara

From: Kathleen McDonnell <kmcdonnellsnd@gmail.com>
Sent: Monday, May 09, 2016 1:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen McDonnell
28704 Euclid Ave
Wickliffe, OH 44092

May 9, 2016

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Kathleen McDonnell

Zolinski, Sara

From: Kathryn Rohr <mta@srsofcharity.org>
Sent: Monday, May 09, 2016 1:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathryn Rohr
14530 Cliftn Blvd., 209
Lakewood, OH 44107

May 9, 2016

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Zolinski, Sara

From: Kay White <kwhite@ndec.org>
Sent: Monday, May 09, 2016 12:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kay White
13000 Auburn Rd
Chsrdon, OH 44024

May 9, 2016

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Zolinski, Sara

From: Johnica DAmico <jdamico@stlads.org>
Sent: Monday, May 09, 2016 12:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Johnica DAmico
11900 Edgewater Dr.
Lakewood, OH 44107

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Zolinski, Sara

From: Evelyn Boehnlein <jboehnlein@ndec.org>
Sent: Monday, May 09, 2016 12:39 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Evelyn Boehnlein
13000 Auburn Road
Chardon, OH 44024

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Sincerely,
Evelyn Boehnlein

Zolinski, Sara

From: Kathleen Murray <fmurray@ndec.org>
Sent: Monday, May 09, 2016 12:29 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Murray
13000 Auburn Road
Chardon, Ohio, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kathleen Murray

Zolinski, Sara

From: Marlene Kramer <jkramer@ndec.org>
Sent: Monday, May 09, 2016 12:19 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marlene Kramer
13000 Auburn Road
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Marlene Kramer

Zolinski, Sara

From: Paulette Toth <zja@stratos.net>
Sent: Monday, May 09, 2016 12:09 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Paulette Toth
1400 Richmond Rd
Lyndhurst, OH 44124

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Paulette Toth

Zolinski, Sara

From: John Huffman <jhuffman@ccdocle.org>
Sent: Monday, May 09, 2016 11:59 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

John Huffman
7800 Detroit Ave.
Cleveland, OH 44102

May 9, 2016

Dear John McCarthy,

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Sincerely,
John Huffman

Zolinski, Sara

From: Carole Kandiko <cak@srsofcharity.org>
Sent: Monday, May 09, 2016 11:48 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carole Kandiko
14812 Lake Ave
Lakewood, OH 44107

May 9, 2016

Dear John McCarthy,

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Carole Kandiko

Zolinski, Sara

From: Polly Erb <sme@srsofcharith.org>
Sent: Monday, May 09, 2016 11:48 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Polly Erb
1390 Windmill Lane
Braondview Heights, OH 44147

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Polly Erb

Zolinski, Sara

From: Susan Wolf <swolf@ndec.org>
Sent: Monday, May 09, 2016 11:48 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Susan Wolf
10000 W. Ridgewood Drive
Parma Heights, OH 44130

May 9, 2016

Dear John McCarthy,

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Sincerely,
Susan Wolf

Zolinski, Sara

From: Margaret Gorman <Mgorman@ndec.org>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Gorman
13000 Auburn Road
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Margaret Gorman

Zolinski, Sara

From: Marian Durkin <smd@srsofcharity.org>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marian Durkin
14530 Clifton Blvd.
Lakewood, OH 44107

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Marian Durkin

Zolinski, Sara

From: Sharon Kovalcik <Skovalcik@ndec.org>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sharon Kovalcik
4982 Clubside Rd.
Lyndhurst, OH 44124

May 9, 2016

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Sharon Kovalcik

Zolinski, Sara

From: Carol Dikovitsky <cdikovitsky@ndec.org>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carol Dikovitsky
5354 Wilson Mills Rd.
Cleveland, OH 44143

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

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Sincerely,
Carol Dikovitsky

Zolinski, Sara

From: Jane Lab <jtl@srsofcharity.org>
Sent: Monday, May 09, 2016 11:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jane Lab
2351 East 22nd Street
Cleveland, OH 44115

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jane Lab

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Monday, May 09, 2016 11:28 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Geralyn Stenger

Zolinski, Sara

From: Donna Hall <nitablue51@hotmail.com>
Sent: Monday, May 09, 2016 10:38 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donna Hall
3296 Berkeley Rd.
Cleveland, Hts, OH 44118

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Donna Hall

Zolinski, Sara

From: Sarah McGuire <smcguire@cccdocle.org>
Sent: Monday, May 09, 2016 10:28 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sarah McGuire
1256 Ramona Ave.
Lakewood, OH 44107

May 9, 2016

Dear John McCarthy,

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Sincerely,
Sarah McGuire

Zolinski, Sara

From: Fredy Robles <frobles@ccdocle.org>
Sent: Monday, May 09, 2016 9:28 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Fredy Robles
34 West 2nd St.
Ashland, OH 44805

May 9, 2016

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Sincerely,
Fredy Robles

Zolinski, Sara

From: Gail Wurstner <gawurstner@clevelandcatholiccharities.org>
Sent: Monday, May 09, 2016 9:08 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Gail Wurstner
1302 Fry Avenue
Lakewood, OH 44107

May 9, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Gail Wurstner

Zolinski, Sara

From: Linda Carlson <ldcarlson@ccdocle.org>
Sent: Monday, May 09, 2016 9:08 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Linda Carlson
4319 Redding Road
Cleveland, OH 44109

May 9, 2016

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Sincerely,
Linda Carlson

Zolinski, Sara

From: Mary Christoff <Cchristoff07@yahoo.com>
Sent: Friday, May 06, 2016 6:17 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Christoff
3850 Nash Blvd
Norton, OH 44203

May 6, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Christoff

Zolinski, Sara

From: Shana Lindsay <shana41789@yahoo.com>
Sent: Friday, May 06, 2016 4:34 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Shana Lindsay
16007 westview ave
cleveland, OH 44128

May 6, 2016

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Sincerely,
Shana Lindsay

Zolinski, Sara

From: Cecilia Liberatore <cliberatore@ndec.org>
Sent: Saturday, May 07, 2016 9:35 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Cecilia Liberatore
18021 Marcella Rd.
Cleveland, OH 44119

May 7, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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with hope for justice and compassion
Sr. Cecilia Liberatore

Zolinski, Sara

From: alfred rogers jr <mralfredrogersjr@gmail.com>
Sent: Saturday, May 07, 2016 12:08 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

alfred rogers jr
125 E156th ST apt# 306
cleveland, OH 44110

May 7, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
alfred rogers jr

Zolinski, Sara

From: Shelley Kastner <skastner@clevelandcatholiccharities.org>
Sent: Friday, May 06, 2016 5:47 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Shelley Kastner
636 Maplewood Avenue
Sheffield Lake, OH 44054

May 6, 2016

Dear John McCarthy,

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Sincerely,
Shelley Kastner

Zolinski, Sara

From: Latoya Caver Jackson <ldcaverjackson@ccdocle.org>
Sent: Friday, May 06, 2016 11:23 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Latoya Caver Jackson
914 Deer Run
Amherst, OH 44001

May 6, 2016

Dear John McCarthy,

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Sincerely,
Latoya Caver Jackson

Zolinski, Sara

From: Bruce Shagovac <shag_52@hotmail.com>
Sent: Friday, May 06, 2016 8:03 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Bruce Shagovac
27359 Westown Blvd. Apt. 1202
Westlake, OH 44145

May 6, 2016

Dear John McCarthy,

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Sincerely,
Bruce Shagovac

Zolinski, Sara

From: Mark Delsander <mdelsander@yahoo.com>
Sent: Thursday, May 05, 2016 3:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mark Delsander
1387 Churchill Rd.
Cleveland, OH 44124

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Mark Delsander

Zolinski, Sara

From: George Semenchuk <elizabeth.semenchuk@yahoo.com>
Sent: Thursday, May 05, 2016 3:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

George Semenchuk
9472 Vista Drive
North Royalton, OH 44133

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

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How can you place these restrictions and still leave a cap on the number of beds for Medicaid residential treatment facilities?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
George Semenchuk

Zolinski, Sara

From: Lola Semenchuk <elizabeth.semenchuk@yahoo.com>
Sent: Thursday, May 05, 2016 3:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lola Semenchuk
9472 Vista Drive
North Royalton, OH 44133

May 5, 2016

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Sincerely,
Lola Semenchuk

Zolinski, Sara

From: Michelle Koester <kom427@aol.com>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Koester
513 S. Court
Medina, OH 44256

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely,
Michelle Koester

Zolinski, Sara

From: Helen Paolucci <helenatblessedtrinity@yahoo.com>
Sent: Thursday, May 05, 2016 2:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Helen Paolucci
1531 Grand Park AVe.
Akron, OH 44310

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Helen Paolucci

Zolinski, Sara

From: Charlene Anderle <charanderle@yahoo.com>
Sent: Thursday, May 05, 2016 10:40 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Charlene Anderle
554 Hyannis Port Circle
Avon Lake, OH 44012

May 5, 2016

Dear John McCarthy,

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Sincerely,
Charlene Anderle

Zolinski, Sara

From: LaJean Ray <lray12@sbcglobal.net>
Sent: Thursday, May 05, 2016 8:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

LaJean Ray
1897 East 73
Cleveland, OH 44103-4009

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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LaJean Ray

Zolinski, Sara

From: Mary C Sweeney <csweeney@ndec.org>
Sent: Thursday, May 05, 2016 8:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary C Sweeney
13000 Auburn Road
Chardon, OH 44024

May 5, 2016

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Sincerely,
Mary C Sweeney

Zolinski, Sara

From: Carol Ann Mach <emach@ndec.org>
Sent: Thursday, May 05, 2016 6:12 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carol Ann Mach
13000 Auburn Rd.
Chardon, OH 44024

May 5, 2016

Dear John McCarthy,

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Sincerely,
Carol Ann Mach

Zolinski, Sara

From: Leonard Calabrese <lencalabrese@att.net>
Sent: Thursday, May 05, 2016 5:52 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Leonard Calabrese
1033 Stonecutters Lane
South Euclid, OH 44121

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Leonard Calabrese

Zolinski, Sara

From: Mary Ann Baran <mbaran@ndec.org>
Sent: Thursday, May 05, 2016 4:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Ann Baran
4481 Greenwold Rd.
South Euclid, OH 44121

May 5, 2016

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Sincerely,
Mary Ann Baran

Zolinski, Sara

From: cayle adams <cvadams@ccdocle.org>
Sent: Thursday, May 05, 2016 4:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

cayle adams
6753 state road
parma, OH 44134

May 5, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
cayle adams

Zolinski, Sara

From: Connie Chrosniak <cvchrosniak@ccdocle.org>
Sent: Thursday, May 05, 2016 3:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Connie Chrosniak
3164 Alden Drive`
Parma, OH 44134

May 5, 2016

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Connie Chrosniak

Zolinski, Sara

From: Catherine Posendek <cposendek@ccdocle.org>
Sent: Thursday, May 05, 2016 3:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Catherine Posendek
14901 Harley Ave
Cleveland, OH 44111

May 5, 2016

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Sincerely,
Catherine Posendek

Zolinski, Sara

From: Lynne Fenwick <lfenwick@ccdocle.org>
Sent: Thursday, May 05, 2016 3:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lynne Fenwick
402 W Steels Corners Rd
Cuyahoga Falls, OH 44223

May 5, 2016

Dear John McCarthy,

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Sincerely,
Lynne Fenwick

Zolinski, Sara

From: Carlotta Rhym <www.crhym@ccdocle.org>
Sent: Thursday, May 05, 2016 3:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carlotta Rhym
3346 E. 146th. St.
Cleveland, OH 44120

May 5, 2016

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Sincerely,
Carlotta Rhym

Zolinski, Sara

From: William Washington <wwashington@ccdocle.org>
Sent: Thursday, May 05, 2016 3:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

William Washington
17618 Brazil Rd.
Cleveland, OH 44119

May 5, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
William Washington

Zolinski, Sara

From: Bill DeFelice <billdefelice@sbcglobal.net>
Sent: Thursday, May 05, 2016 3:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Bill DeFelice
336 pleasant avenue
Kent, OH 44240

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Bill DeFelice

Zolinski, Sara

From: Jeannine Narowitz <jeannine.narowitz@gmail.com>
Sent: Thursday, May 05, 2016 3:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jeannine Narowitz
35206 Center Ridge Road
North Ridgeville, OH 44039

May 5, 2016

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Jeannine Narowitz

Zolinski, Sara

From: Frank Townsley <ftownsley@clevelandcahjoliccharities.org>
Sent: Thursday, May 05, 2016 3:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Frank Townsley
1030 Gulf Rd
Elyria, OH 44035

May 5, 2016

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Sincerely,
Frank Townsley

Zolinski, Sara

From: Michelle Bertman <mbertman@ccdocle.org>
Sent: Thursday, May 05, 2016 3:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michelle Bertman
16461 Messenger Road
Chagrin Falls, OH 44023

May 5, 2016

Dear John McCarthy,

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Sincerely,
Michelle Bertman

Zolinski, Sara

From: Elizabeth Semenchuk <emsemenchuk@ccdocle.org>
Sent: Thursday, May 05, 2016 3:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Elizabeth Semenchuk
9472 Vista Drive
North Royalton, OH 44133

May 5, 2016

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Dr. Elizabeth Semenchuk

Zolinski, Sara

From: Dorothy Fuchs <dfuchs@ndec.org>
Sent: Thursday, May 05, 2016 3:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dorothy Fuchs
13000 Auburn Road
Chardon, OH 44024

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
Dorothy Fuchs

Zolinski, Sara

From: Wendy Mask <wmask@ccdocle.org>
Sent: Thursday, May 05, 2016 2:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Wendy Mask
3575 Clague Rd.
North Olmsted, OH 44070

May 5, 2016

Dear John McCarthy,

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Sincerely,
Wendy Mask

Zolinski, Sara

From: Kimberly Roland <kroland@ccdocle.org>
Sent: Thursday, May 05, 2016 2:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kimberly Roland
224 West Colllege Street No.1
oberlin, OH 44074

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kimberly Roland

Zolinski, Sara

From: Chloe Brown <cabrown@ccdocle.org>
Sent: Thursday, May 05, 2016 2:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Chloe Brown
306 Oxford Ave.
Akron, OH 44310

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Chloe Brown

Zolinski, Sara

From: Kathleen Ryan <skryan@ccdocle.org>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Ryan
11900 Edgewater Dr.
Lakewood, OH 44107

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Kathleen Ryan

Zolinski, Sara

From: Hilary Lucas <hlucas@ccdocle.org>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Hilary Lucas
1215 Brookview Blvd.
Parma, OH 44134

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Cheers,
Hilary Lucas

Zolinski, Sara

From: Phil Kozar <pfkozar@ccdocle.org>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Phil Kozar
843 Brick Mill Run
Westlake, OH 44145

May 5, 2016

Dear John McCarthy,

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Sincerely,
Phil Kozar

Zolinski, Sara

From: Barbara Bushman <b.bushman@sbcglobal.net>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Barbara Bushman
9753 Independence Dr.
North Royalton, OH 44133

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Barbara Bushman

Zolinski, Sara

From: Jackie Vigneault <jvigneault@ccdocle.org>
Sent: Thursday, May 05, 2016 2:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jackie Vigneault
2396 Serravalle Street NW
Uniontown, OH 44685

May 5, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jackie Vigneault

Zolinski, Sara

From: Klavin Boyd <kboyd@ccdocle.org>
Sent: Thursday, May 05, 2016 2:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Klavin Boyd
9830 Country Club Circle
Twinsburg, OH 44087

May 5, 2016

Dear John McCarthy,

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Sincerely,
Klavin Boyd

Zolinski, Sara

From: Brian Freeman <bfreeman@ccdocle.org>
Sent: Thursday, May 05, 2016 2:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Brian Freeman
8863 Hendricks rd
Mentor, OH 44060

May 5, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Brian Freeman

Zolinski, Sara

From: Richard Beercheck <beercheck@sbcglobal.net>
Sent: Thursday, May 05, 2016 12:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Richard Beercheck
17804 Valleyview
Cleveland, OH 44135

May 5, 2016

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Sincerely,
Richard Beercheck

Zolinski, Sara

From: Mary Greathouse <mary@greathousefam.com>
Sent: Thursday, May 05, 2016 12:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Greathouse
11673 Dunham rd
Sagamore Hills, OH 44067

May 5, 2016

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Sincerely,
Mary Greathouse

Zolinski, Sara

From: Judith Ostrowski <jostrowski@ndec.org>
Sent: Thursday, May 05, 2016 10:00 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Judith Ostrowski
13000 Auburn Rd.
Chardon, OH 44024

May 5, 2016

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Zolinski, Sara

From: Diane Novak <lnovak@ndec.org>
Sent: Thursday, May 05, 2016 9:20 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

May 5, 2016

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Sincerely,
Diane Novak

Zolinski, Sara

From: Olivia Clark <oliviaclark618@yahoo.com>
Sent: Wednesday, May 04, 2016 9:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Olivia Clark
3296 Sunhaven Oval
Parma, OH 44134

May 4, 2016

Dear John McCarthy,

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Sincerely,
Olivia Clark

Zolinski, Sara

From: Jose Mendiola <mexeagle1940@yahoo.com>
Sent: Tuesday, May 03, 2016 8:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jose Mendiola
315 CRosse RD
Amherst, OH 44001

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Jose Mendiola

Zolinski, Sara

From: Mary Jean Fitzgerald <jeanfitz16@aol.com>
Sent: Wednesday, May 04, 2016 3:43 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary Jean Fitzgerald
7255 Hunting Lake Drive
Concord Twp., OH 44077

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mary Jean Fitzgerald

Zolinski, Sara

From: Susan Kurth <ssnkrth@yahoo.com>
Sent: Wednesday, May 04, 2016 4:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Susan Kurth
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Susan Kurth

Zolinski, Sara

From: George Sangrik <natureseyes@aol.com>
Sent: Wednesday, May 04, 2016 12:23 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

George Sangrik
6956 Post Ln
Hudson, OH 44236

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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George Sangrik

Zolinski, Sara

From: Michele Zelazny <mazela@aol.com>
Sent: Tuesday, May 03, 2016 10:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michele Zelazny
2631 Kellogg Rd
Hinckley, OH 44233

May 3, 2016

Dear John McCarthy,

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Michele Zelazny

Zolinski, Sara

From: Ethan Radgowski <sharkmanethan@yahoo.com>
Sent: Wednesday, May 04, 2016 12:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ethan Radgowski
38405 North Ln. #E210
Willoughby, OH 44094

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Ethan Radgowski

Zolinski, Sara

From: Jan Hura <Jmhura@aol.com>
Sent: Wednesday, May 04, 2016 8:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jan Hura
2234 Demi Drive
TWinsburg, OH 44087

May 4, 2016

Dear John McCarthy,

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Sincerely,
Jan Hura

Zolinski, Sara

From: Melissa Bagnato <melbag22@yahoo.com>
Sent: Tuesday, May 03, 2016 9:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Melissa Bagnato
1043 seibel Dr
Cuyahoga falls, OH 44221

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Melissa Bagnato

Zolinski, Sara

From: Brian Rice <brice1401@yahoo.com>
Sent: Tuesday, May 03, 2016 10:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Brian Rice
46 Tanners Farm Dr
Painesville, OH 44077

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Brian Rice

Zolinski, Sara

From: Dot Masterson <dotom@sbcglobal.net>
Sent: Wednesday, May 04, 2016 11:04 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dot Masterson
4403 Michael Ave
North Olmsted, OH 44070

May 4, 2016

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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Dot Masterson

Zolinski, Sara

From: Mary L. Hoevel <srmliz66@hotmail.com>
Sent: Wednesday, May 04, 2016 8:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mary L. Hoevel
18021 Marcella
Cleveland, OH 44119

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Zolinski, Sara

From: Valerie Sweeney <vsweeney@ndec.org>
Sent: Wednesday, May 04, 2016 8:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Valerie Sweeney
1891 W. 57 St.
Cleveland, OH 44102

May 4, 2016

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Sincerely,
Valerie Sweeney

Zolinski, Sara

From: Hazel Noll <hnoll@ndec.org>
Sent: Wednesday, May 04, 2016 7:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Hazel Noll
13000 Auburn Rd.
Chardon, OH 44024

May 4, 2016

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Sincerely,
Hazel Noll

Zolinski, Sara

From: William Young <wkyoung2010@gmail.com>
Sent: Wednesday, May 04, 2016 7:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

William Young
230 Wayne Ave.
Akron, OH 44301

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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William Young

Zolinski, Sara

From: Judy Opalach <jtopalach@gmail.com>
Sent: Wednesday, May 04, 2016 5:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Judy Opalach
2835 Klusner Ave
Parma, OH 44134

May 4, 2016

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Sincerely,
Judy Opalach

Zolinski, Sara

From: Michael Hupfer <usja@frontier.com>
Sent: Wednesday, May 04, 2016 5:33 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Michael Hupfer
206 Samaritan Avenue
Ashland, OH 44805

May 4, 2016

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Sincerely,
Michael Hupfer

Zolinski, Sara

From: Kathleen Hine <khine@ndec.org>
Sent: Wednesday, May 04, 2016 5:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Hine
18021 Marcella Rd.
Cleveland, OH 44119

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Kathleen Hine

Zolinski, Sara

From: Ashley Markiewicz <amarkiewicz13@jcu.edu>
Sent: Wednesday, May 04, 2016 4:43 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Ashley Markiewicz
1003 Chelston Avenue
South Euclid, OH 44121

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Ashley Markiewicz

Zolinski, Sara

From: Lenette Marcello <lmarcello@ndec.org>
Sent: Wednesday, May 04, 2016 4:33 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lenette Marcello
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

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Lenette Marcello

Zolinski, Sara

From: Anne Glaser <mglaser@ndec.org>
Sent: Wednesday, May 04, 2016 4:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Anne Glaser
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

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Anne Glaser

Zolinski, Sara

From: Steven Otlowski <excalaebear@mac.com>
Sent: Wednesday, May 04, 2016 3:33 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Steven Otlowski
1520 E 250th St
Euclid, OH 44117

May 4, 2016

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Sincerely,
Steven Otlowski

Zolinski, Sara

From: Diane Novak <lnovak@ndec.org>
Sent: Wednesday, May 04, 2016 3:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Diane Novak

Zolinski, Sara

From: Joyce Bates <jmbates@toledosnd.org>
Sent: Wednesday, May 04, 2016 3:03 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joyce Bates
1605 W. Jefferson St.
Sandusky, OH 44870

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Joyce Bates

Zolinski, Sara

From: Anne Robinson <arobinson@ndec.org>
Sent: Wednesday, May 04, 2016 3:03 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Anne Robinson
3425 Snow Road
Parma, OH 44134

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Anne Robinson

Zolinski, Sara

From: Sr. Judy Bucco <jbucco@ndec.org>
Sent: Wednesday, May 04, 2016 2:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sr. Judy Bucco
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

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Sr. Judy Bucco

Zolinski, Sara

From: Carol Ziegler <cziegler73@gmail.com>
Sent: Wednesday, May 04, 2016 2:43 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carol Ziegler
3835 Bridgeview Drive
South Euclid, OH 44121

May 4, 2016

Dear John McCarthy,

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Carol Ziegler

Zolinski, Sara

From: Joan Badami <jch.amdg@gmail.com>
Sent: Wednesday, May 04, 2016 2:23 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Joan Badami
1305 Pearwood Way
Uniontown, OH 44685

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Joan Badami

Zolinski, Sara

From: Beth Anne Tercek <batercek@ndec.org>
Sent: Wednesday, May 04, 2016 2:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Beth Anne Tercek
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

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Sincerely,
Beth Anne Tercek

Zolinski, Sara

From: Diane Novak <lnovak@ndecc.org>
Sent: Wednesday, May 04, 2016 2:13 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Diane Novak

Zolinski, Sara

From: Geralyn Stenger <gstenger@ndec.org>
Sent: Wednesday, May 04, 2016 1:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Geralyn Stenger

Zolinski, Sara

From: Sr. Olivia Latiano <olatiano@ndec.org>
Sent: Wednesday, May 04, 2016 1:43 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sr. Olivia Latiano
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Sr. Olivia Latiano

Zolinski, Sara

From: Karen Somerville <ksomerville@ndec.org>
Sent: Wednesday, May 04, 2016 1:33 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Karen Somerville
7206 Myron Ave
Cleveland, OH 44103

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

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Sincerely,
Karen Somerville

Zolinski, Sara

From: Kathleen Glavich <kglavich@ndec.org>
Sent: Wednesday, May 04, 2016 1:33 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Glavich
4237 Bluestone Rd.
South Euclid, OH 44121

May 4, 2016

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Sincerely,
Kathleen Glavich

Zolinski, Sara

From: Glenda Buzzelli <gbuzzelli@ccdocle.org>
Sent: Wednesday, May 04, 2016 1:03 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Glenda Buzzelli
7911 Detroit Avenue
Cleveland, OH 44102

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Glenda Buzzelli

Zolinski, Sara

From: Elisabeth Frey <lfrey@churchofresurrection.org>
Sent: Wednesday, May 04, 2016 12:53 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Elisabeth Frey
28071 Lake Shore Blvd.
Euclid, OH 44132

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Elisabeth Frey

Zolinski, Sara

From: Dennis McNulty <Dcmcnulty@oh.rr.com>
Sent: Wednesday, May 04, 2016 12:03 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Dennis McNulty
25033 Lakeview Dr
Bay Village, OH 44140

May 4, 2016

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Sincerely,
Dennis McNulty

Zolinski, Sara

From: Elizabeth Lavelle <elavelle@csjoseph.org>
Sent: Wednesday, May 04, 2016 11:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Elizabeth Lavelle
3430 Rocky River Dr.
Cleveland, OH 44111

May 4, 2016

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The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Elizabeth Lavelle

Zolinski, Sara

From: Sr. Barbara Daugherty <smbdaugherty@gmail.com>
Sent: Wednesday, May 04, 2016 11:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Sr. Barbara Daugherty
13000 Auburn Road
Chardon, OH 44024

May 4, 2016

Dear John McCarthy,

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Sincerely,
Sr. Barbara Daugherty

Zolinski, Sara

From: Fr. John Retar <jretar@dioceseofcleveland.org>
Sent: Wednesday, May 04, 2016 10:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Fr. John Retar
2143 Homewood Dr. #2
Lorain, OH 44055

May 4, 2016

Dear John McCarthy,

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Sincerely,
Fr. John Retar

Zolinski, Sara

From: Marilyn Nickol <mnickol@csjoseph.org>
Sent: Wednesday, May 04, 2016 9:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marilyn Nickol
3410 Wooster Road
Rocky River, OH 44116-4148

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Marilyn Nickol

Zolinski, Sara

From: Randall Malick <rmalick@sthilarychurch.org>
Sent: Wednesday, May 04, 2016 9:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Randall Malick
3242 Dowling Dr
Fairlawn, OH 44333

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Randall Malick

Zolinski, Sara

From: Kathryn Brown <kathiebrown50@gmail.com>
Sent: Wednesday, May 04, 2016 9:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathryn Brown
78 Hickory Lane
Hudson, OH 44235

May 4, 2016

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Sincerely,
Kathryn Brown

Zolinski, Sara

From: Cynthia Pittman <cpittman@clevelandcatholiccharities.org>
Sent: Wednesday, May 04, 2016 9:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Cynthia Pittman
1264 E. 123rd Street
Cleveland, OH 44108-4002

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Cynthia Pittman

Zolinski, Sara

From: Carmen Durand <cjdurand@ccdocle.org>
Sent: Wednesday, May 04, 2016 9:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Carmen Durand
1515 West 26th
Cleveland, OH 44102

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Carmen Durand

Zolinski, Sara

From: Eleonor Ramirez <eramirez@ccdocle.org>
Sent: Wednesday, May 04, 2016 9:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Eleonor Ramirez
7800 Detroit Road
Cleveland, OH 44102

May 4, 2016

Dear John McCarthy,

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Very truly yours,
Eleonor Ramirez

Zolinski, Sara

From: Diana Maye <dmaye@clevelandcatholiccharities.org>
Sent: Wednesday, May 04, 2016 9:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diana Maye
300 E TALLMADGE AVE.
Akron, OH 44310

May 4, 2016

Dear John McCarthy,

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Sincerely,
Diana Maye

Zolinski, Sara

From: Lynn Muniak <maniaclynn@att.net>
Sent: Wednesday, May 04, 2016 9:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lynn Muniak
165 Skyview
Seven Hills, OH 44131

May 4, 2016

Dear John McCarthy,

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One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Lynn Muniak

Zolinski, Sara

From: Vanessa Giffin Campbell <vcampbell@dioceseofcleveland.org>
Sent: Wednesday, May 04, 2016 9:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Vanessa Giffin Campbell
7459 Painter Road
Oakwood Village, OH 44146

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Vanessa Giffin Campbell

Zolinski, Sara

From: Mark Hura <markhura@gmail.com>
Sent: Wednesday, May 04, 2016 9:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mark Hura
2234 Demi Drive
Twinsburg, OH 44087

May 4, 2016

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Please do the right thing.
Mark Hura

Zolinski, Sara

From: Mattie Dalton <daltonm@ccf.org>
Sent: Wednesday, May 04, 2016 8:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Mattie Dalton
12614 Britton Drive
Cleveland, OH 44120

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Mattie Dalton

Zolinski, Sara

From: Jennifer Brewer <jmbrewer@ccdocle.org>
Sent: Wednesday, May 04, 2016 8:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jennifer Brewer
3135 Euclid Ave
Cleveland, OH 44115

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Jennifer Brewer

Zolinski, Sara

From: Lauralyn Stuebner <lastuebner@gmail.com>
Sent: Wednesday, May 04, 2016 8:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lauralyn Stuebner
206 Avon Belden Rd.
Avon Lake, OH 44012

May 4, 2016

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Lauralyn Stuebner

Zolinski, Sara

From: elizabeth hickle <elizabeth.hickle@lightofheartsvilla.org>
Sent: Wednesday, May 04, 2016 8:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

elizabeth hickle
283 Union St
Bedford, OH 44146

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
elizabeth hickle

Zolinski, Sara

From: Elizabeth Perez <perez.elizabeth93@gmail.com>
Sent: Wednesday, May 04, 2016 8:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Elizabeth Perez
1549 Wood Rd
Cleveland Hts, OH 44121

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Elizabeth Perez

Zolinski, Sara

From: Barbara Borkowski <barbara.borkowski@lightofheartsvilla.org>
Sent: Wednesday, May 04, 2016 8:32 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Barbara Borkowski
283 Union Street
Bedford, OH 44146

May 4, 2016

Dear John McCarthy,

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Sincerely,
Barbara Borkowski

Zolinski, Sara

From: David Verbsky <david.verbsky@gmail.com>
Sent: Wednesday, May 04, 2016 8:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

David Verbsky
28700 Euclid Ave
Wickliffe, OH 44092

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
David Verbsky

Zolinski, Sara

From: Lisa Crabbs <southstreetministries@hotmail.com>
Sent: Wednesday, May 04, 2016 8:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lisa Crabbs
130 W. South St.
Akron, OH 44311

May 4, 2016

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Sincerely,
Lisa Crabbs

Zolinski, Sara

From: Jacquelyn Hicks <jhicks@clevelandcatholiccharities.org>
Sent: Wednesday, May 04, 2016 8:02 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jacquelyn Hicks
799 East 82nd Street
Cleveland, OH 44103-1817

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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Sincerely,
Jacquelyn Hicks

Zolinski, Sara

From: Lori Haddox <lhaddox@stvm.com>
Sent: Wednesday, May 04, 2016 7:52 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Lori Haddox
15 N. Maple St.
Ak, OH 44303

May 4, 2016

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Sincerely,
Lori Haddox

Zolinski, Sara

From: Jennifer Koeth <jkoeth@ccdocle.org>
Sent: Wednesday, May 04, 2016 7:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Jennifer Koeth
1515 w 12th st
lorain, OH 44052-1265

May 4, 2016

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Sincerely,
Jennifer Koeth

Zolinski, Sara

From: r. vincent coletta <rvcoletta@yahoo.com>
Sent: Tuesday, May 03, 2016 7:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

r. vincent coletta
po box 605
bath, OH 44210

May 3, 2016

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Sincerely,
r. vincent coletta

Zolinski, Sara

From: Kathleen Lyons <kathleenlyons63@yahoo.com>
Sent: Tuesday, May 03, 2016 7:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Lyons
13000 Auburn Rd.
Chardon, OH 44024

May 3, 2016

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Sincerely,
Kathleen Lyons

Zolinski, Sara

From: Patricia and Donald Denny <patdenny49@yahoo.com>
Sent: Tuesday, May 03, 2016 6:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia and Donald Denny
7465 Mountain Quail Pl
Painesville, OH 44077-9341

May 3, 2016

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Sincerely,
Patricia and Donald Denny

Zolinski, Sara

From: Donna Bonvissuto <dmb1007@aol.com>
Sent: Tuesday, May 03, 2016 6:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donna Bonvissuto
1250 Gettysburg Dr.
Parma, OH 44134-5309

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Donna Bonvissuto

Zolinski, Sara

From: Margaret Friel <mfriel@ndec.org>
Sent: Wednesday, May 04, 2016 7:12 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Friel
13000 Auburn Rd
Chardon, OH 44024-9337

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Margaret Friel

Zolinski, Sara

From: Eugene Grande <wcdpgrande@sssnet.com>
Sent: Wednesday, May 04, 2016 6:42 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Eugene Grande
4552 E Lincolnway
Wooster, OH 44691

May 4, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,in the name of our Lord
Eugene Grande

Zolinski, Sara

From: marcel munford <marcel2450@att.net>
Sent: Wednesday, May 04, 2016 1:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

marcel munford
10117 south blvd
cleveland, OH 44108

May 4, 2016

Dear John McCarthy,

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Sincerely,
marcel munford

Zolinski, Sara

From: Marie Manning <mmsnd@sbcglobal.net>
Sent: Wednesday, May 04, 2016 12:22 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Marie Manning
2425 N Taylor
Cleveland, OH 44118

May 4, 2016

Dear John McCarthy,

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The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
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11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Marie Manning

Zolinski, Sara

From: James Bailey <jbailey6154@sbcglobal.net>
Sent: Tuesday, May 03, 2016 10:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

James Bailey
4 Jessica Lane
Olmsted Twp., OH 44138-3029

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

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Sincerely,
James Bailey

Zolinski, Sara

From: Phillip and Margaret Seguin <pegeth@windstream.net>
Sent: Tuesday, May 03, 2016 10:21 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Phillip and Margaret Seguin
255 Spyglass Dr
Elyria, OH 44035

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Phillip and Margaret Seguin

Zolinski, Sara

From: Christopher Kerr <ckerr@ignatiansolidarity.net>
Sent: Tuesday, May 03, 2016 10:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Christopher Kerr
14201 Ashwood Road
Shaker Heights, OH 44120

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Christopher Kerr

Zolinski, Sara

From: Patricia Griesmar <pgriesmar@ndec.org>
Sent: Tuesday, May 03, 2016 10:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Patricia Griesmar
5354 Wilson Mills Rd.
Highland Heights, OH 44143-3015

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Patricia Griesmar

Zolinski, Sara

From: Margaret Fissinger <fissinger@hotmail.com>
Sent: Tuesday, May 03, 2016 8:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Margaret Fissinger
50 Laurel Lake Dr.
Hudson, OH 44236

May 3, 2016

Dear John McCarthy,

As a senior citizen I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Margaret Fissinger

Zolinski, Sara

From: Greg Hoefler <gthoefler@sbcglobal.net>
Sent: Tuesday, May 03, 2016 7:51 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Greg Hoefler
2328 9th St
Cuyahoga Falls, OH 44221

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Greg Hoefler

Zolinski, Sara

From: Cathey Ullom <catheyullom@att.net>
Sent: Tuesday, May 03, 2016 7:41 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Cathey Ullom
111 East 208 Street
Euclid, OH 44123

May 3, 2016

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Sincerely,
Cathey Ullom

Zolinski, Sara

From: Brenna Davis <brennadavis24@gmail.com>
Sent: Tuesday, May 03, 2016 7:11 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Brenna Davis
2045 W 45th St
Cleveland, OH 44102

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Brenna Davis

Zolinski, Sara

From: Donna Mangano <dmangano2@gmail.com>
Sent: Tuesday, May 03, 2016 7:01 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Donna Mangano
7658 Chillicothe Road
Mentor, OH 44060-7010

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Donna Mangano

Zolinski, Sara

From: Deborah Henry <dhenry@iname.com>
Sent: Tuesday, May 03, 2016 6:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Deborah Henry
4520 Brendan Ln
N. Olmsted, OH 44070

May 3, 2016

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Zolinski, Sara

From: Robert Mitchell <rmitchell@clevelandcatholiccharities.org>
Sent: Tuesday, May 03, 2016 6:31 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Robert Mitchell
3135 Euclid Ave., Room 202
Cleveland, OH 44115-2524

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,
Robert Mitchell

Zolinski, Sara

From: Kathleen Ryan <skryan@ccdocle.org>
Sent: Tuesday, May 03, 2016 11:24 AM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Kathleen Ryan
11900 Edgewater Dr.
Lakewood, OH 44107

May 3, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become

healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
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Sincerely,
Kathleen Ryan

Zolinski, Sara

From: Diane Zbasnik <zlady1965@gmail.com>
Sent: Monday, May 02, 2016 4:42 PM
To: HealthyOhio
Subject: Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver

Diane Zbasnik
35 E. Schaaf Rd
Brooklyn Heights, OH 44131-1201

May 2, 2016

Dear John McCarthy,

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely,
Diane Zbasnik

Zolinski, Sara

From: MCD Medicaid
Sent: Thursday, May 19, 2016 1:15 PM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Thursday, May 19, 2016 12:35 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rebecca McKenna
1280 Thoreau Road
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Christine Dusek
1205 West 69 St.
Cleveland, OH 44102

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

This message and any response to it may constitute a public record and thus may be publicly available to anyone who requests it.

Zolinski, Sara

From: Mcnabb, Judith
Sent: Monday, May 16, 2016 4:10 PM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

From Governors Office.

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Monday, May 16, 2016 4:02 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Melissa Olenik
1585 Mallard Dr. Apt 207
Mayfield Heights, OH 44124

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Averil McClelland
9270 Clark Circle
Twinsburg, OH 44087

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ruth Yelcho
5232 Broadview Road
Richfield, OH 44286'

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Judith Albanese
22225 arbor cliff lane
Rocky river, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jane Winik
18900 Shaker Blvd
Shaker Hts, OH 44122

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marsha Smith
6207 Denise Dr
North Ridgeville, OH 44039

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Gloria Freeman
5140 Evergreen Dr,
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen Barnard Kim
2709 ridge Rd
Norwalk, OH 44857

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Ruggeri
8690 Eagle Road
Kirtland, OH 44094

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Mullen
1460 Kingsway
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
mary jo mazzarella
1306 w 54
cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michelle Mazza Velez
4807 Monticello Blvd
Richmond Hts, OH 44143

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Harry Rodriguez
145 Island Drive
Elyria, OH 44035

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Msrie Luvison
6002 Elmwood Ave
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michelle Nochta
1334 Nelson st
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Pat Kozak
1439 Marlowe Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Emily Simmerly
17485 Lake Ave
Lakewood, OH 44107-1147

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michelle Berney
15989 Wedgewood Lane
Strongsville, OH 44149

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Donald Antone
624 parkside drive
Bay village, OH 44140

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Bole
20000 Lorain rd
Fairview park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Susan Kirkland
2674 Gibson Dr
Rocky River, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
MARILYN LOMBARDO
4304 West 191st Street
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Patrick Graham
38120 Essex Place
North Ridgeville, OH 44039

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marilyn Murray
4811 Trails End Court
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kevin Gross
317 Fulton St
Sandusky, OH 44870

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Norman Bringman
19000 Lake Rd #5609
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Pam Kilrain
1211 Cook Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jacqueline Kelly
16600 Elsienna Avenue
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jean Hoelke
4982 Clubside Rd
Lyndhurst, OH 44124

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Audrey Koch
St. Joseph Village
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Argera Kalogerou
6770 Stoneloch Cout
Middleburg Heights, OH 44130

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Katharine Mott
4056 West 161st Street
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sheila Rock
4000 Westbrook Dr,
Brooklyn, OH 44144-1248

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Thomas E. Harkness, Jr.
340 Saddler Rd
Bay Village, OH 44140

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dennis Runkle
1525 Grace Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Hough
16705 Larchwood Avenue
Cleveland, OH 44125

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Bartok
4440 oneil blvd unit a
Lorain, OH 44055

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Sommerfelt
6722 Franklin Blvd
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Alice Gulick
3552 Fairmount Boulevard
Cleveland Heights, OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Shiner
17119 Greenbrier Dr.
Strongsville, OK 44136

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lauren Persons
2464 Augustine Drive
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ann Oakar
15824 Norway ave
Cleveland, OH 44111

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Monday, May 16, 2016 7:55 AM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

From Governors office

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Friday, May 13, 2016 5:25 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Beth Kretschmar
19333 North Sagamore Road
Fairview Park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Elizabeth Conway
1327 W. 111 Street
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Nancy Clarke
31312 Tuttle Drive
Bay Village, OH 44140

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jeffrey Schaefer
12550 lake ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Starnik
11099 Albion Road
North Royalton, OH 44133

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Curtis Treska
1518 kenilworth Ave.
Clevelqand, OH 44113

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dianne Needles
30441 Oakwood Circle
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Neil Mahoney

27261 Nantucket Dr.
N. Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Hogg
19870 Chagrin Blvd.
Shaker Heights, OH 44122

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michael Sepesy
10531 Edgewater Dr
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
joe seeholzer
12 overlook rd.
lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michael Coughlin
4140 W. 160th St.
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ray Caspio
2181 Wyandotte Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Jo Schwartz
12500 Edgewater Dr.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Beverly Anne LoGrasso
14312 Detroit
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Mielcarek
1439 Olivewood Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Patricia Begin-Koly
3568 Francis Blvd
Brunswick, OH 44212

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lisa Galek
3440 Mark Dr
Broadview Hts, OH 44147

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Tim Collingwood

1259 Cranford Ave.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Pat Cook
23120 Stoneybrook Dr
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Cathy McPhillips
27125 Bruce Rd.
Bay Village, OH 44140

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Maureen Powers
17855 Lake Road
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
J. Stark
3428 West 159th St.
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Anne McEvoy
2021 King James Pkwy.
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen Rossman
9 Aberdeen Court
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Fickes
410 Penny Lane
Akron, OH 44311

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Megan Roche
15315 Edgewater Dr
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Hall
4770 W 211
Fairview park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Daniel Fickes
5276 E. 105th St.
Garfield Heights, OH 44125-2602

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Tim Needles

18519 Detroit Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura McBride
7347 Taft Street
Mentor, OH 44060

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ann Klonowski
7465 Brecksville Rd.
Independence, OH 44131-6416

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Amy Filbert
230 High Street
Berea, OH 44017

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Edward Murray
4811 Trails End Ct
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Alan Klonowski
7465 Brecksville Rd.
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Maggie Mooney
1719 old tannery cir
Hudson, OH 44236

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marisa Pich
6215 Timberlane Drive
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Charise Pfahl
362 Oakmoor
Bay Village, OH 44140

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Steven Jablonski
4625 Lanchester Rd
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
James Schreiner

9906 Gambier Ave.
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rita Carey
22445 Lake Rd b-201
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sr. Catherine Walsh
838 Princeton St
Akron, OH 44311

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Connie McNulty
19330 Laurel Ave
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Anne Belanger
4211 Willow Wood Run
Wooster, OH 44691

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joanne Majoros
14408 Tokay Av
Maple Hts, OH 44137

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ann Kalister
3113 Holly Dr.
Brunswick, OH 44212

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Linda Morrison
1506 St. Charles Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michelle Brickner
4414 franklin blvd
Cleveland, OH 44113

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lauren Flynn
4414 Metropolitan Dr.
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Tera Johnson
1145 Dorsh
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Angela Yeager

2043 Arthur ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joseph Ventura
12550 Lake Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
michele zychowski
1078 lakeland ave
lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Svoboda
4900 Scottsdale Dr
North Royalto, OH 44133

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
barbara conroy
8378 russell ln
cleveland, OH 44144

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Neal Novak
26665 Brahms Drive
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Eileen Hagenbaugh
2226 Tallmadge Rd
Ravenna, OH 44266

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

This message and any response to it may constitute a public record and thus may be publicly available to anyone who requests it.

Zolinski, Sara

From: MCD Medicaid
Sent: Thursday, May 12, 2016 4:25 PM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

From the Governor's Office

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Thursday, May 12, 2016 4:07 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rosemary Goebel
6403 Rousseau Dr.
Parma, OH 44129

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Shirley Bixby
886 Twp. Rd. 251
Polk, OH 44866

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Patricia Powers
3063 West 114
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Manuel Santiago
2169 Wascana Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Markyn Werner
4745 Whiteoaks Dr
Brunswick, OH 44212

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Belanger
4211 Willow Wood Run
Wooster, OH 44691

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Tanya Perez
4537 broadale rd
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Wolf

6763 Cheryl Ann Dr
Seven Hills, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Pat Graham
4804 West Park Drive
Cleveland, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Kuhn
4258 West181
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Kolk
1524 North Circleview Drive
Seven Hills, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Sobul
1279 Dorsh Road
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kimberly Pride
819 Glenhurst
Willowick, OH 44095

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Angela Fabek
1447 Firethorn Drive
Seven Hills, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Daniel Luciano
6385 Evergreen Dr.
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Susan Synek
7415 Hillside Road
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Len Calabrese
1033 Stonecutters Lane
South Euclid, OH 44121-3814

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jeff Campbell

2522 Bolton Rd.
Cleveland Heights, OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michelle Johansen
36334 Chestnut Ridge Rd
North Ridgeville, OH 44039

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Stephanie Riccobene
12227 Clifton Blvd.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Benson
16459 Webster Rd
Middleburg Hts, OH 44130

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
JoAnn Watson
340 N. Countryside Drive
Ashland, OH 44805

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Patricia Carey
3830 Claridge Oval
University Heights, OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jacqueline Belanger
1020 Ashwood Dr
Wooster, OH 44691

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Corrine Wagner
421 E. Heritage Drive
Cuts hogs Falls, OH 44223

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary McNamara
1896 West 71
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Donna Tabar
2807 Waterfall Way
Westlake, OH 44145

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Thursday, May 12, 2016 7:59 AM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

More from Governor's office….

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Wednesday, May 11, 2016 4:38 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lorna Greicius
1124 Pennsylvania Ave.
Ashtabula, OH 44004

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Leo Bistak
12984 Martin Dr.
Cleveland, OH 44130-5742

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
mary warren
12500 edgewater dr. #1604
lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Charlene DeBerry
8401 Tioga Avenue
Cleveland, OH 44105

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ellen McIntyre
26760 Chapel Hill Dr.
N. Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Helen Brinich
12700 Lake Ave. #1701
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Judith Bozell
741 Canter Circle
Berea, OH 44017

Don't pass Healthy Ohio 1115 Demonstration Waiver
Renee Pastor

7206 Myron Ave.
Cleveland, OH 44103

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Lach
6693 Somerset Lane
Seven Hills, OH 44131-3644

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Filipic
6796 mill
Brecksville, OH 44141

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ann Marie Noga
2425 N. Taylor RD.
Cleveland Hts., OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Nancy Saegel
5248 W. Park Drive
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marvin Smith
12543 Indian Hollow Rd
Grafton, OH 44044

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
patricia hollack
1606 chesterland ave
lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
judy panek
6160 stumph rd. #108
parma, OH 44130

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Lucic
1484 Elbur Ave.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
James Martin
4350 Garwood Rd.
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Vivian Furcsik

2370 trailard dr
WILLOUGHBY, OH 44094

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dorothy J M Weathers
9407 Clifton Blvd
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Ann Jablonski
342 Skyview Rd
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
norma Jean hermick
2605 north bend road
ashtabula, OH 44004

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Catherine Jacob
2356 Roxbury Rd.
Avon, OH 44011

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Linda Wilson
1076 Leedale Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
margaret kosch
2080 arthur ave
lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Stephanie Schmelzer
2154 Olive Avenue
Lakewood, OH 44107-5710

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rose Marie Stevens
8125 Wedgewood Dr.
Chesterland, OH 44026

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marita Pompeani
877 Hampton Ct
Northfield, OH 44067

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carol Smith
12543 Indian Hollow Rd.
Grafton, OH 44044-9190

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Janet Leitch

1101 MapleCliff Dr
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Daniels
5932 Gareau Drive
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joan Matz
427 Chipping Lane
Chagrin Falls, OH 44023

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Roger Jones
455-34 Hill Drive
Aurora, OH 44202

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kevin Aylward
1436 Rockway
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Reveley Mary
4303 Wooster Road
Fairview Park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Linda Tuckosh
6441Fry Road
Brook Park, OH 44142-3631

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Johanna Vine
2596 Warrensville Center Road
University Heights, OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carl Zupan
21878 Seabury Ave
Fairview Park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Gary Pritts
4168 Brookway Ln
Brooklyn, OH 44144

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Therese Dugan
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Klee

9023 Gatestone Road
North Ridgeville, OH 44039

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Stephanie Pritts
4168 Brookway Lane
Brooklyn, OH 44144

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Ann Hvizda
3556 Rocky River dr.
Cleveland, OH 44111

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Tuesday, May 10, 2016 3:36 PM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

More from Gov's office.

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Tuesday, May 10, 2016 3:34 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Lucic
1484 Elbur Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Richard Zimmerman
2431 Stanfield Dr
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Terry Jungquist
2336 Canterbury Rd.
Westlake, OH 44145-3232

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rosemarie Stangel
707 South Point Trail
Berea, OH 44017

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mark Laskey
21871 Eaton Road
Fairview Park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Barbara Hornbeek
162 Burns Road
Elyria, OH 44035

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michael Graham
1295 Bonnieview Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Parran

2876 Weybridge Road
Shaker Heights, OH 44120

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
James Pellegrino
9 Oak Dr.
Olmsted Falls, OH 44138

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Nancy Castle
9669 Emerald Brook cir NW
Canal Fulton, OH 44614

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Christine Schenk CSJ
16717 Ernadale
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Bernard Meaney
3908 West 36
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Gertrude Kennedy
19342 Laurel Ave.
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
CAROL SCHIRO
4236 West 36th STREET
CLEVELAND, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joe Ippolito
1558 Lincoln Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Simoneau
2109 Wooster Raod, Apt B47
Rocky River4, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kevin Domann
10021 Plum Brook Ln.
Strongsville, OH 44149

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kimberly Tatro
36561 Grafton Eastern
Grafton, OH 44044

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dorothy McCarthy

7008 Brookside Drive
Cleveland, OH 44144

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dolores Sullin
14197 Thompson Blvd.
Brook Park, OH 44142

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Megan Dull
3835 Bridgeview Dr
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Laura Manning
22601 Mastick rd
Fairview, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Terence Flanagan
5399 Birch Street
North Ridgeville, OH 44039

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kelly Schlereth
Sisters of Notre Dame- 13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carole Iseli
3303 Linden Road, #331
Rocky River, OH 44116-4196

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jen Sunday
977 W Abbey Dr.
Medina, OH 44256

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kelly Schlereth
Sisters of Notre Dame- 13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Constance Przybylski
2680 Stoney Ridge Road
Avon, OH 44011

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Maureen Meehan
4888 Jody Lynn Drive
Mentor, OH 44060

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Maxine Murphy

6884c Stratford circle
Mentor, OH 44060

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marianne Bitonti
12080 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Stephen Giblin
3617 Kings Mill Run
Rocky River, OH 44116

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Helene Gregos
13000 Auburn Rd.
Chardon, OH 44024-9331

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Linnea Fox
71 Mt Vernon Ct
Mentor, OH 44060

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Judy Visi
15555 Hilliard Rd.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathryn Melton
7821 Lake Ane
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Rosemary Koesel
4982 Clubside
Lyndhurst, OH 44124

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Janice Henniger
16610 Southland Ave
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dorothy Luli
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Thomas - Repcik
191 Medina Road
Medina, OH 44256

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Anthony Schuerger

2459 Washington Ave.
Cleveland, OH 44113

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
JoAnn Welch
6035 Lake Road West
Ashtabula, OH 44004

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Bill O'Connor
7225 Schooner's Cove
Painesville, OH 44076

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carole Geiger
20000 Lorain Rd. #522
Fairview Park, OH 44126

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Jane Treichel
7821 Lake Ave
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jaehwan Seo
29189 Quail Run
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Audrey Koch
St. Joseph Village
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Carlin
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margie O'connor
7225 schooners cove
Concord, OH 44077

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Angela Abdoo
428 E. Heritage Dr
Cuyahoga Falls, OH 44223

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger

13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lois Best
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Helen Ann Brown, CSJ
16610 Southland Avenue
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Bernadine Janci
4250 Shields Rd
Canfield, OH 44406

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Donna Paluf
5354 Wilson Mills Road
Highland Hts., OH 44143

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Julie Gilmore
3425 Snow Road
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marilyn Seiler
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Robert Begn
12500 Edgewater Drive 31506
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Helen Burdenski
4487 Greenwold Rd.
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Chloe Brown
306 Oxford Ave.
Akron, OH 44310

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Helen Pilla
532 Ransome Road
Highland Hts, OH 44143

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Alice Dugar

6800 Chestnut Rd.
Independence, OH 44131

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
kathleen wadowick
3447 W. 100th ST.
cleveland, OH 44111

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Monday, May 09, 2016 3:32 PM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

Follow Up Flag: Follow up
Flag Status: Completed

More from the Governor's Office.

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Monday, May 09, 2016 3:23 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ann Marie Teder
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Barbara Klodt
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Antonee Pfenning
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Ann Burke
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Quinlan
28704 Euclid Ave.
Wickliffe, OH 44092

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jean Brown
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Patricia Garrahan
Notre Dame Education Center
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Evelyn Boehnlein
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kay White
13000 Auburn Rd
Chsrdon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jo Marie Chrosniak, HM
12201 Brighton
Cleveland, OH 44111

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathryn Rohr
14530 Cliftn Blvd., 209
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen McDonnell
28704 Euclid Ave
Wickliffe, OH 44092

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marsha Denis
14014 Shaker Blvd
Shaker Heights, OH 44120-5601

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marlene Kramer
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sharon Kovalcik
4982 Clubside Rd.
Lyndhurst, OH 44124

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sarah McGuire
1256 Ramona Ave.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carole Kandiko
14812 Lake Ave
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Johnica DAmico
11900 Edgewater Dr.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen Murray
13000 Auburn Road
Chardon, Ohio, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Margaret Gorman
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Jane Lab
2351 East 22nd Street
Cleveland, OH 44115

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
John Huffman
7800 Detroit Ave.
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Barbara Morscher, SND
770 Chestnut St. #19
Conneaut, OH 44030

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Polly Erb
1390 Windmill Lane
Braondview Heights, OH 44147

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Susan Wolf
10000 W. Ridgewood Drive
Parma Heights, OH 44130

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Marian Durkin
14530 Clifton Blvd.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Paulette Toth
1400 Richmond Rd
Lyndhurst, OH 44124

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Gray
29875 Sequoia Trail
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carol Dikovitsky
5354 Wilson Mills Rd.
Cleveland, OH 44143

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Gail Wurstner
1302 Fry Avenue
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Fredy Robles
34 West 2nd St.
Ashland, OH 44805

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Linda Carlson
4319 Redding Road
Cleveland, OH 44109

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Zalletta Collins
2712 East. 89th st.
Cleveland, Hts, OH 44104

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Donna Hall
3296 Berkeley Rd.
Cleveland, Hts, OH 44118

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sr. Susan Javorek, SND
8596 Taylor May Rd
Chagrin Falls, OH 44023

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Shelley Kastner
636 Maplewood Avenue
Sheffield Lake, OH 44054

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
alfred rogers jr
125 E156th ST apt# 306
cleveland, OH 44110

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Christoff
3850 Nash Blvd
Norton, OH 44203

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Cecilia Liberatore
18021 Marcella Rd.
Cleveland, OH 44119

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Shana Lindsay
16007 westview ave
cleveland, OH 44128

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Friday, May 06, 2016 11:53 AM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

More from the Governor's Office.

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Friday, May 06, 2016 11:43 AM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

More…

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Latoya Caver Jackson
914 Deer Run
Amherst, OH 44001

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carol Ann Mach
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Leonard Calabrese
1033 Stonecutters Lane
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Bruce Shagovac
27359 Westown Blvd. Apt. 1202
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
LaJean Ray
1897 East 73
Cleveland, OH 44103-4009

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Richard Beercheck
17804 Valleyview
Cleveland, OH 44135

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Phil Kozar
843 Brick Mill Run
Westlake, OH 44145

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Hilary Lucas
1215 Brookview Blvd.
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sr. Catherine Romancik, SND
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen Ryan
11900 Edgewater Dr.
Lakewood, OH 44107

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary C Sweeney
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Ann Baran
4481 Greenwold Rd.
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Brian Freeman
8863 Hendricks rd
Mentor, OH 44060

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Barbara Bushman
9753 Independence Dr.
North Royalton, OH 44133

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Wendy Mask
3575 Clague Rd.
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Charlene Anderle
554 Hyannis Port Circle
Avon Lake, OH 44012

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary L. Hoevel
18021 Marcella
Cleveland, OH 44119

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dot Masterson
4403 Michael Ave
North Olmsted, OH 44070

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Michael Hupfer
206 Samaritan Avenue
Ashland, OH 44805

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Valerie Sweeney
1891 W. 57 St.
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
William Young
230 Wayne Ave.
Akron, OH 44301

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Judy Opalach
2835 Klusner Ave
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Judith Ostrowski
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Hazel Noll
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Anne Glaser
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Glenda Buzzelli
7911 Detroit Avenue
Cleveland, OH 44102

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Mcnabb, Judith
Sent: Thursday, May 05, 2016 8:22 AM
To: HealthyOhio
Subject: FW: Healthy Ohio 1115 Demonstration Waiver

More from the Governor's Office.

From: Waers, Nicole [mailto:Nicole.Waers@governor.ohio.gov]
Sent: Wednesday, May 04, 2016 5:17 PM
To: OMA Medicaid <medicaid@css.target.local>
Subject: Healthy Ohio 1115 Demonstration Waiver

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Kathleen Hine
18021 Marcella Rd.
Cleveland, OH 44119

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Ashley Markiewicz
1003 Chelston Avenue
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Susan Kurth
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Lenette Marcello
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Anne Glaser
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Steven Otlowski
1520 E 250th St
Euclid, OH 44117

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Mary Jean Fitzgerald
7255 Hunting Lake Drive
Concord Twp., OH 44077

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Diane Novak

13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Anne Robinson
3425 Snow Road
Parma, OH 44134

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sr. Judy Bucco
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Carol Ziegler
3835 Bridgeview Drive
South Euclid, OH 44121

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joyce Bates
1605 W. Jefferson St.
Sandusky, OH 44870

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Joan Badami
1305 Pearwood Way
Uniontown, OH 44685

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Beth Anne Tercek
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Diane Novak
13000 Auburn Rd.
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Geralyn Stenger
13000 Auburn Rd
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Karen Somerville
7206 Myron Ave
Cleveland, OH 44103

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Sr. Olivia Latiano
13000 Auburn Road
Chardon, OH 44024

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Glenda Buzzelli

7911 Detroit Avenue
Cleveland, OH 44102

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
George Sangrik
6956 Post Ln
Hudson, OH 44236

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Elisabeth Frey
28071 Lake Shore Blvd.
Euclid, OH 44132

Urgent Action Needed on Healthy Ohio 1115 Demonstration Waiver
Dennis McNulty
25033 Lakeview Dr
Bay Village, OH 44140

Nicole Waers
Public Liaison
Office of Ohio Governor John R. Kasich
614.644.0925
Nicole.Waers@governor.ohio.gov
www.governor.ohio.gov

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Zolinski, Sara

From: Semenchuk, Elizabeth <emsemenchuk@ccdocle.org>
Sent: Tuesday, May 03, 2016 2:56 PM
To: HealthyOhio
Subject: HEROIN EPIDEMIC SOLUTION IGNORED BY MEDICAID AND SHERROD BROWN

PLEASE ASK SHERROD BROWN AND JIM RENACCI WHY THEY HAVE DONE NOTHING TO GET SUPPORT FOR OHIO ON THIS HEROIN EPIDEMIC ISSUE…

Ohio has the second highest number of overdoses of any state in the country.

A 1965 Medicaid rule bars reimbursements to hospitals, nursing facilities and other providers with more than 16 beds that offer treatment services to the mentally ill as well as to drug and alcohol abusers. WHY IS THIS OUTDATED CAP STILL IN PLACE?

"The 16-bed cap was passed by Congress to prevent the warehousing of the mentally ill," says Bill Denihan, head of the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County.

The rule may not have been intended to impede the provision of needed services but the result has been just that: an average waiting list of at least 20 and as many as 60 individuals at each of the 26 residential treatment providers statewide, according to Thomas Stuber, head of the Lorain County Alcohol & Drug Abuse Service and an officer with the Ohio Alliance of Recovery Providers.

"With Ohio currently having one overdose every four hours -- and in the United States one overdose death every 15 minutes -- it is critical that any barriers to care be removed," Stuber said.

The Breaking Addiction Act of 2014 – House Bill 5136 – launched a pilot effort to end this dated Medicaid rule that impedes use of federal dollars to pay for needed drug treatment of Medicaid enrollees in Ohio and other states. The legislation is co-sponsored by Democratic Reps. Marcy Kaptur of Toledo and Tim Ryan of Niles.

Tracy Plouck, the state's director for mental health and addictive services, agrees. "I have been consistent in my concern that (the 16-bed restriction) keeps Ohioans from getting the treatment they need to recover," she wrote in an email.

HB 5136 authorizes a five-year pilot program limited to 10 states that would remove the Medicaid bed cap as it applied to the treatment of substance abuse but not to mental health services. The cost is estimated at $60 million a year.

Stuber said that those costs don't reflect expected savings in "overall government spending, other social costs and [the] return [of] more individuals to contributing members of society."

That's why Ohio's Republican delegation needs to close ranks behind this necessary bill. Neither of the Cleveland area's two Republican representatives -- Dave Joyce of Russell Township and Jim Renacci of Wadsworth – has publicly supported the measure, which Fudge introduced.

In fact, not a single House GOP member has stepped up to back the bill.

"We reached out to the Ohio delegation and we also sent 'Dear Colleague' letters to representatives who have identified health care as an issue of concern," said Fudge spokeswoman Belinda Prinz. "We can't explain why we got the silent treatment."

CATHOLIC CHARITIES MATT TALBOT FOR RECOVERING MEN in Cleveland, is a residential treatment facility for addicts and treats many heroin addicts from multiple counties in Ohio, including Lorain County where there have been so many heroin overdose deaths.

MATT TALBOT FOR RECOVERING MEN is a Medicaid funded facility which has an extensive waiting list of individuals but is being forced to close and relocate to a drug-ridden neighborhood because the property is being sold to the Metroparks. There is a standing empty facility available at Matt Talbot Inn on the same property which cannot be utilized due to an outdated bill that states the facility needs to be a stand-alone facility with a limited number of beds. Matt Talbot Inn has an open residential unit with access to a medical clinic, psychiatric services, a gym and cafeteria. Hundreds of thousands, probably millions dollars, will have to be spent to relocate and refurbish a facility (in a neighborhood with easy access to drugs) because of an outdated bill which has been ignored by Ohio's politicians. This facility remains empty as more overdoses occur daily.

Brown and Renacci have refused to obtain waivers for Ohio for the pilot programs.

With more Medicaid cuts on the way, how can stand alone residential facilities continue to exist if these restrictions remain?

Thank you for your time and consideration in this matter.

Elizabeth Semenchuk, Ph.D., LICDC
Licensed Independent Chemical Dependency Counselor
Matt Talbot for Recovering Men, Cottage 16
6735 State Road
Parma Ohio, 44134
1-440-345-3004 *phone*
1-440-345-3019 *fax*
emsemenchuk@ccdocle.org

CATHOLIC CHARITIES
Diocese of Cleveland

"Not every conversation will change your life, but any conversation can."

"There is no saint without a past, no sinner without a future". -- St. Augustine

"Be the change you wish to see in the world." – Ghandi

"Let no one ever come to you without leaving better and happier. Be the living expression of God's kindness: kindness in your face, kindness in your eyes, kindness in your smile."
– Mother Teresa

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Zolinski, Sara

From: Gonzalez, Lissette <lxgonzalez@ccdocle.org>
Sent: Tuesday, May 03, 2016 2:41 PM
To: HealthyOhio

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?

3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,

Lissette Gonzalez
2247 West 38th Street
Cleveland, Ohio 44113

Office Adminstrator / Hispanic Service Office

1515 West 29th Street] Cleveland, Ohio 44113] 216-696-2197

lxgonzalez@ccdocle.org

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Zolinski, Sara

From: Johnson, Ramonita R. <rrjohnson@ccdocle.org>
Sent: Tuesday, May 03, 2016 11:44 AM
To: HealthyOhio

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

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Sincerely yours,

Ramonita Rodriguez-Johnson
13572 Burlwood Drive
Stongsville, Ohio 44136

Director of La Providencia Hispanic Services Office

1515 West 29th Stree] Cleveland, Ohio 44113] 216-696-2197

rrjohnson@www.ccdocle.org fax: 216-696-2088

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Zolinski, Sara

From: Coppola, Adriana <acoppola@ccdocle.org>
Sent: Tuesday, May 03, 2016 9:59 AM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

May 3, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

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The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

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When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

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Sincerely yours,

Adriana Coppola
Immigration Staff Attorney, Ohio Center for Survivors of Torture
Migration and Refugee Services
Catholic Charities, Diocese of Cleveland

Adriana Coppola
Immigration Staff Attorney, Ohio Center for Survivors of Torture
Migration and Refugee Services
Catholic Charities, Diocese of Cleveland
For appointments call: 216-939-3769

Providing Help. Creating Hope.

7800 Detroit Ave. | Cleveland, OH 44102 | Office: 216-939-3726

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Zolinski, Sara

From: Davis, Kelly <kdavis@ccdocle.org>
Sent: Monday, May 02, 2016 4:26 PM
To: HealthyOhio
Subject: Healthy Ohio 1115 Demonstration Waiver

May 2, 2016

Dear Mr. McCarthy:

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Sincerely yours,
Kelly Davis

Kelly Ann Davis, MA
Director
Catholic Commission of
Lake/Geauga

Catholic Relief Services
28700 Euclid Ave. Wickliffe, OH 44092
(440) 943-7612 (p)
(440) 943-7577 (f)
KDavis@ccdocle.org

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Diocese of Cleveland

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Zolinski, Sara

From: McGuan, Meghan <mkmcguan@ccdocle.org>
Sent: Monday, May 02, 2016 3:58 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

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Sincerely yours,

Meghan McGuan
Emergency Assistance Services Manager
Catholic Charities, Diocese of Cleveland
216.334.2924

Providing Help. Creating Hope.

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Zolinski, Sara

From: Gerovac, Peggy M. <pmgerovac@ccdocle.org>
Sent: Monday, May 02, 2016 2:48 PM
To: HealthyOhio
Subject: 1115 Demonstration Waiver

Dear Director John McCarthy:

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Peggy Gerovac
Catholic Charities Diocese of Cleveland
Office for Human Life

Peggy Gerovac
Office for Human Life and Project Rachel
Director
216-334-2965
http://ccdocle.org/office-human-life

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Zolinski, Sara

From: Clark, Ann <amclark@ccdocle.org>
Sent: Monday, May 02, 2016 2:20 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

May 2, 2016

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Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
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Diocesan Director, Catholic Campaign for Human Development

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Diocese of Cleveland

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Zolinski, Sara

From: Jen Matlack <jmatlack@fcsohio.org>
Sent: Monday, April 25, 2016 4:27 PM
To: HealthyOhio
Subject: medicaid health savings account

To Whom it may concern,
It is a horrible idea to make it mandatory for low income households to pay yet another expense. These households have a hard time making ends meet as it is. We can do better Ohio!

Jenn Matlack

Director, HESS & SSVF
~Housing & Emergency Support Services
~Supportive Services for Veteran Families
Agency Administrator, HMIS

705 Oakwood Street, Suite 106
Ravenna, OH 44266
Office: 330-296-1111 ext 317
Fax: 330-296-0768
Cell: 330-689-6833

FCS Veteran Support Line 1-855-234-7310

www.fcsohio.org

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Zolinski, Sara

From: Mike Baird <mb@humanarc.com>
Sent: Monday, April 25, 2016 3:50 PM
To: HealthyOhio
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Can I provide verbal comment tomorrow and produce the detailed comment letter later in the month. The three minutes will keep me to excerpts and key points in my verbal comments.

Mike Baird
Chief Executive Officer
Human Arc
Phone: 216.426.3510 | Fax: 216.431.5201
1457 East 40th Street | Cleveland, OH 44103
mb@humanarc.com | www.humanarc.com

Human Arc
Proud to be a NorthCoast 99 Best Place to Work winner for a 13th year.
North Coast 99 Winner

From: HealthyOhio@medicaid.ohio.gov [mailto:HealthyOhio@medicaid.ohio.gov]
Sent: Monday, April 11, 2016 11:07 AM
To: Mike Baird
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Anyone wishing to provide comment are asked to provide written testimony with hard copies available for the department. I will be able to answer the rest of your questions later this week after I learn more about the process. Please bear with me.

Thank you.

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Monday, April 11, 2016 10:26 AM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: RE: 1115 Waiver - Healthy Ohio

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Thanks you for responding..

Can you answer the other questions I have below? Is there a particular format the comments/testimony should be in?

Mike Baird
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From: HealthyOhio@medicaid.ohio.gov [mailto:HealthyOhio@medicaid.ohio.gov]
Sent: Monday, April 11, 2016 10:23 AM
To: Mike Baird
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Thank you for your email inquiring about the public hearing scheduled for April 21, 2016. It is scheduled from 2:00 until 4:00 pm. You are expected to provide copies of your testimony. I will get the details on number of copies, how to register, etc. later this week and forward the information to you.

As for the second hearing, we have not finalized the location yet.

Bureaus of Policy Management and Development
Ohio Department of Medicaid

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Friday, April 08, 2016 5:29 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Hello,

Saw that this e mail is available for questions? At least I think so. If it is, can you answer the following questions:

1) For the April 21 (2pm) hearing
   a. Can you describe how the process will work?
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2) I understand the detailed waiver will come out on April 15th? Can you make sure I am on the mailing list?
3) If I have questions is there someone I can talk to?

Thanks for reading my questions and for your consideration.

Have a great weekend.

Mike Baird
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Zolinski, Sara

From: Mike Baird <mb@humanarc.com>
Sent: Monday, April 25, 2016 3:48 PM
To: HealthyOhio
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Will Director McCarthy be there?

Mike Baird
Chief Executive Officer
Human Arc
Phone: 216.426.3510 | Fax: 216.431.5201
1457 East 40th Street | Cleveland, OH 44103
mb@humanarc.com | www.humanarc.com

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North Coast 99 Winner

From: HealthyOhio@medicaid.ohio.gov [mailto:HealthyOhio@medicaid.ohio.gov]
Sent: Monday, April 25, 2016 12:37 PM
To: Mike Baird; HealthyOhio@medicaid.ohio.gov
Cc: Lisa Perry
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Mr. Baird,
At this point, we are not certain who all will attend tomorrow's hearing.

There has been no change in the location for tomorrow's hearing. When you arrive, you will be asked to sign in if you are providing written or oral testimony.

Bureau of Policy Management and Development
Ohio Department of Medicaid

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Monday, April 25, 2016 12:24 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Cc: Lisa Perry <lperry@humanarc.com>
Subject: RE: 1115 Waiver - Healthy Ohio

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I am planning on being at the hearing tomorrow. Can you share who will be there? I presume Director McCarthy, Director Moody and some members of the House and Senate. If I do give comment, wanted to be able to properly address them.

Are there any updates to the address of the hearing? Presume we just show up and register and note if we want to comment? Will there be any opportunity for questions and answers?

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From: HealthyOhio@medicaid.ohio.gov [mailto:HealthyOhio@medicaid.ohio.gov]
Sent: Friday, April 15, 2016 2:38 PM
To: Mike Baird
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Mr. Baird,
The waiver will be posted to the Medicaid public notice site later this afternoon.

If you are interested in testifying at the April 21st hearing, you only need to come to the meeting and sign-in as one interested in speaking. In order to allow everyone the opportunity to speak, we are asking oral comments to be limited to 2-3 minutes. We encourage you to provide written copy of your testimony.

Thank you for your interest in the Healthy Ohio waiver.

Ohio Department of Medicaid

From: Mike Baird [mailto:mb@humanarc.com]
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Subject: 1115 Waiver - Healthy Ohio

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Have a great weekend.

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Zolinski, Sara

From: Rep34@ohiohouse.gov
Sent: Thursday, April 21, 2016 4:23 PM
To: HealthyOhio
Cc: Hoseus, Jenelle
Subject: Sykes, Democratic lawmakers file public comment opposing proposed GOP Medicaid restrictions

Importance: High

State Representative
Emilia Strong Sykes

FOR IMMEDIATE RELEASE: APRIL 21, 2016
Contact: Jordan Plottner, Communications Director (614) 466-9034

Sykes, Democratic lawmakers file public comment opposing proposed GOP Medicaid restrictions

State estimates Ohioans will lose coverage under plan signed by Kasich

COLUMBUS— State Rep. Emilia Sykes (D-Akron), the lead Democratic member on the Health and Human Services House budget panel, today joined House Democratic lawmakers to file a formal protest with the Ohio Department of Medicaid (ODM), opposing proposed restrictions and additional barriers to healthcare for working poor Ohioans.

GOP lawmakers proposed new Medicaid restrictions for working poor Ohioans in the state budget last June that Gov. John Kasich ultimately signed into law. New fees and set-aside health spending accounts would be required under the GOP's so-called "Healthy Ohio" program, if the federal government should approve it.

Because the GOP's Medicaid taxes on the working poor would be the most stringent in the nation among the few states that require nominal Medicaid fees, some skeptics believe the federal government is unlikely to approve the plan in its entirety.
The ODM is hearing public testimony at two meetings – one today at 2 p.m. in Columbus – and taking written public comment until midnight on May 16.

Sykes issued the following statement with a copy of the protest letter attached:

> "This misguided plan confirms our fears and repeated warnings during the budget process that new GOP taxes on healthcare would effectively end healthcare coverage for working poor Ohioans. It is hypocritical for Governor Kasich to stand on stage and laud his work on Medicaid expansion, when his actions could now be putting over half-a-billion Ohioans in a literal life-or-death situation. The GOP's so-called 'Healthy Ohio' program is anything but healthy.
>
> "Taxpayers deserve to have their voices heard, especially when new healthcare restrictions are being proposed for women being treated for breast and cervical cancer and teens aging out of foster care. In states that have pushed premium increases like Indiana, Oregon and Wisconsin, they have seen administrative costs go up and service go down."

Editor's note: Click here to read a copy of the letter.

-30-

Zolinski, Sara

From: Sandi Kuehn <skuehn@ccatsober.org>
Sent: Tuesday, April 19, 2016 3:33 PM
To: HealthyOhio
Subject: written testimony on Healthy Ohio Wavier

Follow Up Flag: Follow up
Flag Status: Completed

Dear Sir or Madame:
Thank you for the opportunity to comment on the 1115 Wavier entitled *Healthy Ohio*. While I am not philosophically opposed to the contribution, I have several concerns about the practicality of requiring Medicaid recipients to contribute to their monthly premium, through the setting up of a Health Savings Account (HSA). Most people value things they purchase or work toward, as opposed to valuing things given to them. However, using the HSA has several potential barriers. I, personally, have a high deductible health plan with a HSA. Over the last several years the financial institution I use has increased the fees associated with this account from originally *paying* me interest to now *charging* me $3.00 a month for a statement. If this same scenario plays out for the Medicaid HSA, the required $90.00 annual contribution would be decreased by more than 30% due to financial institution fees.
Additionally, to decrease fees most financial institutions require on-line banking. Many Medicaid recipients do not have easy access to a computer for banking transactions. So, how would they access the funds in these accounts to pay for medical care? In general, Medicaid recipients are more transient than the general population. How will they be contacted about the status of their account? How do they make the deposit into these funds, most likely would be a cash deposit, not electronic. How likely will they be to be notified of changes in their Medicaid status when the last address is two moves ago? These issues are currently experienced by most state agencies dealing with benefit notification.
What happens to the funds in an inactive account, both the state contributed funds and the recipients contributed funds?

While I think I understand the author's logic in proposing the HAS , I believe there are too many real-world barriers to make this design work for either the Medicaid recipient or the state.
Thank you for the opportunity to submit this concern.

Sandra L. Kuehn
President and CEO
513-381-6672

Zolinski, Sara

From: Rose, Kellie <krose1@amerihealthcaritas.com>
Sent: Monday, April 18, 2016 2:34 PM
To: HealthyOhio
Subject: Public Hearings for Healthy Ohio

Follow Up Flag: Follow up
Flag Status: Completed

To Whom this may concern,

I am wondering if there will be a listening option for the public hearings on April 21 and 26th.

Thank you in advance.
Kellie

Kellie Rose
Analyst: Market Development
AmeriHealth Caritas Family of Companies
P: (215)-937-8054
E: krose1@amerihealthcaritas.com
www.amerihealthcaritas.com

mail4.amerihealthcaritas.com made the following annotations

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Zolinski, Sara

From: Charlie Neff <cneff@lcmhb.org>
Sent: Thursday, April 14, 2016 7:06 PM
To: HealthyOhio
Subject: Comment on Healthy Ohio Program 1115 Demonstration Waiver

I am writing to raise my strong opposition to the plan to require individuals between 0 and 138 percent of the federal poverty level to contribute the lesser of 2% of their income or $99 to a health savings account.

My first concern is that these individuals by definition do not have the disposable income to cover day to day costs of living much less to contribute to this plan. Additionally, I can't imagine what benefit there could possibly be in creating a health savings account where the maximum annual contribution is $99. Exactly what one health care service could even be paid these days with $99?

Doing this will add additional administrative costs and burdens on the system to issue the debit cards and data systems to track who has and who has not actually paid their 2%. This smacks of finding some excuse to deny health care coverage to the poor in order to save the State of Ohio a few bucks. This piles additional costs onto poor individuals, health care providers and insurance companies.

I've worked in Ohio's mental health system for over 29 years and I have to say that this is just about the dumbest thing I've heard in a very, very long time.

Charlie

Charles A. Neff, MBA
Executive Director
The Lorain County Board of Mental Health
1173 North Ridge Road East, Suite 101
Lorain, OH 44055
Phone: (440) 787-2069
Fax: (440) 233-2030
Web: www.lcmhb.org

"You can't live a perfect day without doing something for someone who will never be able to repay you." - John Wooden

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Zolinski, Sara

From: Mike Baird <mb@humanarc.com>
Sent: Monday, April 11, 2016 11:16 AM
To: HealthyOhio
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Thank you. will the detailed waiver be coming out on Friday?

Mike Baird
Chief Executive Officer
Human Arc
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Subject: RE: 1115 Waiver - Healthy Ohio

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Thanks you for responding..

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Ohio Department of Medicaid

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Friday, April 08, 2016 5:29 PM
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Have a great weekend.

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Zolinski, Sara

From: Sarah Donohoo <sdonohoo@hsohio.org>
Sent: Monday, April 11, 2016 10:26 AM
To: HealthyOhio
Subject: Health Ohio Program

As both someone who has been on Medicaid in the past and a person who helps people apply for assistance, I think that the idea of having people contribute to their medical coverage is a wonderful idea for many reasons.

First, when I went back to work after finishing college, I immediately made "too much" money and didn't even qualify for transitional Medicaid. It was extremely hard for me to afford coverage, especially since I was having to cover three children because the father did not cover them or pay child support like he was ordered to. The company I worked for offered coverage but it was VERY expensive with premiums, deductibles, copays, etc. This was also a new world to me that I didn't understand. I felt if I had been eased into it by contributing to it based on my income, it would have been a way less stressful event in my life.

Another reason I feel as though this idea is so awesome is because it teaches responsibility and can help people to feel a little more invested in their health coverage. I feel that our system does not teach people to be their own advocates; it really is just a crutch that when taken away causes many to fall on their faces. If we can empower people and offer them resources, they can better help themselves. By teaching them about insurance and making them responsible for a portion of it, I believe they will be less likely to "no show" for appointments and will become more proactive in their health.

I think that a model similar to the Marketplace (where premiums are based on income) would be ideal for this program. I was a caseworker for JFS and am now a CAC for an FQHC and think that this will not only help pay for the Medicaid programs, but it will have a positive impact on people in the state of Ohio. Some of the these people may think that this is unfair at first, but I think that by educating the general public we can help people understand the importance of contribution.

Thank you.

Sarah Donohoo, CAC, Outreach Coordinator
HealthSource of Ohio
5400 DuPont Circle, Suite A
Milford, OH 45150
513.576.7700 extension 4713
513.576.1020 Fax
sdonohoo@hsohio.org
www.healthsourceofohio.org

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Zolinski, Sara

From: Mike Baird <mb@humanarc.com>
Sent: Monday, April 11, 2016 10:26 AM
To: HealthyOhio
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Thanks you for responding..

Can you answer the other questions I have below? Is there a particular format the comments/testimony should be in?

Mike Baird
Chief Executive Officer
Human Arc
Phone: 216.426.3510 | Fax: 216.431.5201
1457 East 40th Street | Cleveland, OH 44103
mb@humanarc.com | www.humanarc.com

From: HealthyOhio@medicaid.ohio.gov [mailto:HealthyOhio@medicaid.ohio.gov]
Sent: Monday, April 11, 2016 10:23 AM
To: Mike Baird
Subject: RE: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Thank you for your email inquiring about the public hearing scheduled for April 21, 2016. It is scheduled from 2:00 until 4:00 pm. You are expected to provide copies of your testimony. I will get the details on number of copies, how to register, etc. later this week and forward the information to you.

As for the second hearing, we have not finalized the location yet.

Bureaus of Policy Management and Development
Ohio Department of Medicaid

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Friday, April 08, 2016 5:29 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: 1115 Waiver - Healthy Ohio

This message was sent securely using ZixCorp.

Hello,

Saw that this e mail is available for questions? At least I think so. If it is, can you answer the following questions:

1) For the April 21 (2pm) hearing

a. Can you describe how the process will work?
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g. Is the May 3rd hearing date/time been determined – will it be in Columbus as well.

2) I understand the detailed waiver will come out on April 15th? Can you make sure I am on the mailing list?
3) If I have questions is there someone I can talk to?

Thanks for reading my questions and for your consideration.

Have a great weekend.

Mike Baird
Chief Executive Officer
Human Arc
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Zolinski, Sara

From: Potter, Tommi
Sent: Monday, April 11, 2016 9:36 AM
To: HealthyOhio
Cc: Smith, Peggy; Tassie, James
Subject: RE: 1115 Waiver - Healthy Ohio

I'm sure I can help with the hearing. Please let me know when and where is it so I can block out the time on my calendar. Let's set a time to meet so I can explain to you how I run my hearings and we can discuss what will work best for your hearing.

Thanks,
Tommi

Tommi Potter
Rules Administrator
The Ohio Department of Medicaid
Phone: 614-752-3877
Tommi.Potter@medicaid.ohio.gov

From: HealthyOhio
Sent: Monday, April 11, 2016 9:25 AM
To: Potter, Tommi <TOMMI.POTTER@medicaid.ohio.gov>
Cc: Smith, Peggy <PEGGY.SMITH@medicaid.ohio.gov>; Tassie, James <James.Tassie@medicaid.ohio.gov>
Subject: RE: 1115 Waiver - Healthy Ohio

This is going to be one of 2 required public hearings for draft waiver that was included in budget bill. I have not done a public hearing before. Given we are already getting a lot of press coverage, we need to be certain the hearing runs smoothly. Would you be able to help us with the hearing?

Joan

From: Potter, Tommi
Sent: Monday, April 11, 2016 9:19 AM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: RE: 1115 Waiver - Healthy Ohio

Joan,

Since this isn't one of my Chapter 119 hearings I cannot give you firm answers. If you can tell me more about your hearing I can probably give you better info or share some of what I use in my hearings.

Thanks,
Tommi

Tommi Potter
Rules Administrator

The Ohio Department of Medicaid
Phone: 614-752-3877
Tommi.Potter@medicaid.ohio.gov

From: HealthyOhio
Sent: Monday, April 11, 2016 8:46 AM
To: Potter, Tommi <TOMMI.POTTER@medicaid.ohio.gov>
Subject: FW: 1115 Waiver - Healthy Ohio

Hi Tommi,
We received the email below in response to public comment on the draft Healthy Ohio waiver. I understand from Sara that you handle the hearings. Do you have any information you would like me to convey to this person when I respond?

Thanks

Joan Schlagheck

From: Mike Baird [mailto:mb@humanarc.com]
Sent: Friday, April 08, 2016 5:29 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: 1115 Waiver - Healthy Ohio

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Thanks for reading my questions and for your consideration.

Have a great weekend.

Mike Baird
Chief Executive Officer
Human Arc
Phone: 216.426.3510 | Fax: 216.431.5201

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mb@humanarc.com | www.humanarc.com

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Thanks for reading my questions and for your consideration.

Have a great weekend.

Mike Baird
Chief Executive Officer
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Zolinski, Sara

From: Mike Baird <mb@humanarc.com>
Sent: Friday, April 08, 2016 5:29 PM
To: HealthyOhio
Subject: 1115 Waiver - Healthy Ohio

Follow Up Flag: Follow up
Flag Status: Completed

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Mike Baird
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This message was secured by ZixCorp(R).

Zolinski, Sara

From: Meeks, Sue <meeks@ohio.edu>
Sent: Friday, April 08, 2016 1:03 PM
To: HealthyOhio
Subject: proposal opinion

This is a huge mistake for our state; I wholeheartedly agree with Linda Cook's comments on the Policy Matters Blog. Leave Medicaid alone, it is complicated enough and adding a swipe card and payment requirements will eat up any savings the state will gain. Ohio does not need any more roadblocks for poor people – there are too many already. If Medicaid coverage is lost, just watch the increase in unpaid ER visits that will result.

Heritage College of Osteopathic Medicine, Community Health programs

Sue Meeks, RN-BC, Manager Family Navigator Program

1 Ohio University, Parks Hall 015

Athens OH 45701-2979

T: 740.593-9534

F: 740.593-0089

meeks@ohio.edu

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Zolinski, Sara

From: Sheree Lynch <slynch@positiveleaps.org>
Sent: Friday, April 08, 2016 7:47 AM
To: HealthyOhio
Subject: Public Comment: Healthy Ohio 1115 Waiver

Follow Up Flag: Follow up
Flag Status: Completed

Dear Sir or Madam:
I own and operate a pediatric mental health facility. My organization serves children ages 18 months and older. 85% of the population for whom I provide treatment are Medicaid-qualified consumers. Approximately 25% are foster children. I am writing to provide comment regarding proposed changes to Medicaid requiring participating consumers to provide a copayment and participate in HSAs.
The children I serve are treated in a Day Hospital setting, requiring a parent to provide meals for their child – a mid-morning snack, a lunch, and an afternoon snack. The content of these meals are dictated by the State of Ohio, to assure nutritional intake. I am constantly working with families to help cover the cost of these food products because there is not enough money in the household to provide high quality food. Many of the children I serve are still potty-training. Parents often cannot afford enough diapers to comply with every-two-hour diaper changes – again a cost I end up covering because I cannot permit a child to go long periods without changing. Many of the children I serve do not have enough clothing, or the right type of clothing for the weather. When a child has an "accident" or a spill and needs a change of clothing, parents often do not have the resources to provide an extra set of clothing, a warm coat that fits, or multiple pairs of underwear for that purpose. I either personally purchase these items or I summon my network of volunteers who donate clothing for a child.
By now I'm sure you get the picture. Asking a family to come up with an extra $99.00 to put into an HAS, or to come up with $20 for a co-pay is unthinkable. To make this requirement will cause one or more of the following, and none of these consequences is good for children:

1. The family will need to divert money from one essential household category to health care, resulting in less food, later rent payments, or no gasoline to drive to work.
2. The family will opt to defer health care, or
3. The family will opt out of Medicaid, resulting in a burden on providers through rises in uncompensated health care

In each of these scenarios, there are consequences to the "system" as well. If a parent cannot feed a child, pay rent on time, or get to work because there is no gasoline, the "system" somewhere will be called upon to provide the necessity, or the taxpayer will wind up paying more than the $99.00 or $20.00 copay. I don't think I need to cite the statistics regarding the cost to the taxpayer for each dollar of deferred or uncompensated health care.
This proposal will wind up costing the taxpayer (that's me) more than it currently costs me to contribute to Medicaid. And pardon me for pointing this out, but I am already supporting an inadequate system through my business in many more ways than through my taxes. Therefore, I respectfully suggest that this proposal be abandoned.
Thank you,

SHEREE L. LYNCH, R.N., M.ED., ICCCM-C

PRESIDENT / C.E.O.

513-777-2428 Option 3 (w)
513-777-0017 (f)

513-346-0778 (C)

7140 Office Park Drive

West Chester, OH 45069-2261

slynch@positiveleaps.org

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Zolinski, Sara

From: Dan McLaughlin <danielmclaughlin@seedsofliteracy.org>
Sent: Monday, May 16, 2016 9:37 AM
To: HealthyOhio
Subject: Healthy Ohio Medicaid Waiver

To Whom it May Concern:

I am writing in opposition to the proposed "Heathy Ohio" Medicaid Waiver because I believe it will have disastrous effects for Ohio. The purpose of Medicaid is to provide health insurance to those who could not afford it otherwise. Attaching premiums to Medicaid, and including punitive measures like suspending coverage for missed premiums, is counter to the spirit of why we have Medicaid in the first place.

Many of the nearly 3 million Ohioans cannot make the premiums being proposed, and many more will struggle to make them, reducing other household costs in order to maintain coverage. For those who will Medicaid lose coverage, and therefore services, "Healthy Ohio" will be a disaster. It will be a disaster for individuals, for families and - from a public health standpoint - for the entire State of Ohio.

Please reconsider these proposed changes.

Sincerely,

Dan McLaughlin

Dan McLaughlin
Program Officer
Seeds of Literacy
3104 W. 25th Street, 3rd Floor
Cleveland, Ohio 44109
office: (216) 661-7950 x 14
mobile: (216) 505-0326
www.seedsofliteracy.org

May is Better Sleep Month: 7 Steps to Better Sleep

Zolinski, Sara

From: Patricia McCorkle <healermagnet@yahoo.com>
Sent: Friday, May 13, 2016 11:03 AM
To: HealthyOhio
Subject: Comments comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Bureau of Helath Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Dear Director McCarthy,

I am a member of Christ Episcopal Church in Shaker Heights, which will soon be part of Greater Cleveland Congregations ("GCC"). GCC provided leadership and worked with others throughout the state to encourage Medicaid expansion in 2014.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** in our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example).
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,
Patricia McCorkle
Cleveland, OH

(this letter was drafted by the GCC office)

Zolinski, Sara

From: J.J. Staples <jjstaples@yahoo.com>
Sent: Monday, May 16, 2016 2:09 AM
To: HealthyOhio
Subject: The "Healthy Ohio" scam seems designed to kill people like me

To whom it may concern:

I am a middle-aged man who has lived without health insurance and made do without health care for almost of my adult life. I couldn't afford such insurance when I was working, and before the imposition of the Affordable Care Act, I was afraid of utilizing medical care unless absolutely necessary lest I be labeled with a pre-existing condition that would render insurance and access to medicine even more unaffordable and further inaccessable. As you might imagine, I am not as vital or robust as I would like to be. I have also been unemployed for some time now and have been relying on family and charity to provide for basic survival needs.

Medicare so far has provided a modicum of security for me against the possibility of medical catastrophe. I am in no position to make payments to a medical savings account and am unsure how maintaining such an instrument would make the health care system more affordable, accessible or accountable. I daresay that if I am ever to be able to support myself again, I will need to regain at least a modicum of physical fitness. It is my contention that if Americans had a single-payer health care system -- something like Medicaid For All -- it would be easier to access the services necessary to regain health and it would be easier to implement a fitness regimen than it would otherwise be. While providing impoverished people with basic health care services may strike conservatives as undesirable or even perverse, I think that improving the health of the citizenry in general is probably cost-effective for society and conducive to increases in production in the long run.

If, however, Ohio's mostly Republican legislators would rather kill the indigent in our state, I wish they would just come out and say so plainly. I realize this might conflict with any professed Right-to-Life rhetoric that glorifies fetushood and claims to value **all** human life, but anyone who pays attention to conservative policies recognizes all that sanctimonious bloviation for the lies and claptrap that it actually is. There are some instances in which the supposedly "free market" doesn't provide meaningful choices or create efficiencies that are impossible to realize outside of widespread corporate control. It is difficult to understand what the misnamed proposed "Healthy Ohio" layer of bureaucracy is designed to do unless that purpose is actually to deny health care to, and thus curtail the lifespan of, people like me.

Sincerely,

-- J.J. Staples

P.O. Box 24146
Cincinnati, OH 45224-0146

jjstaples (at) yahoo (speck) com

Think globally. Act nobly. ©

Zolinski, Sara

From: NEOAFP <neoafp@gmail.com>
Sent: Sunday, May 15, 2016 11:27 PM
To: HealthyOhio
Cc: Abigail_duggan@brown.senate.gov; Ken Frisof; info@uhcanohio.org
Subject: Opposition to Healthy Ohio Program 1115 Demonstration Waiver

May 15, 2016

John McCarthy, Director
Ohio Department of Medicaid
Bureau of Health Plan Policy
50 W Town St., 5th Floor
Columbus OH 43218

HealthyOhio@medicaid.ohio.gov

Re: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director McCarthy,

The Northeast Ohio Academy of Family Medicine is an organization of approximately 450 family physicians in northeast Ohio – we provide medical care to citizens in Cuyahoga, Geauga, Lake, Lorain, and Ashland counties.

We oppose the 1115 waiver as written. Our opposition stems from our work as doctors. We believe the following:

- All citizens in our counties deserve quality health care that is affordable and accessible.
- Medicaid is a safety net for all of us, whether we currently use it or not.
- The 1115 waiver will add a layer of complexity, bureaucracy, and regulation to a health environment already staggering under a heavy burden of complexity, bureaucracy, and regulation.
- The requirement to pay a monthly fee for health care will put people living paycheck to paycheck on extremely low incomes in situations where they will be forced to decide between basic needs (like food and shelter), emergency needs (an unexpected repair bill) and paying for health care. The financial struggles faced by these individuals will at times result in the health care bill going unpaid – resulting in more expensive care downstream.
- The 1115 waiver will specifically reduce health care coverage among the neediest – those with visual, auditory, physical, cognitive, and psychiatric disabilities, those with language barriers, and those with low literacy and numeracy.

- The Healthy Ohio 1115 Medicaid Demonstration Waiver will only serve to make health care less accessible and less affordable to people Medicaid was designed to serve.

Based on our day-to-day experiences as physicians serving the citizens of our counties, we will recommend to CMS that they reject the Healthy Ohio 1115 Medicaid Demonstration Waiver proposal in its entirety.

Again, we urge you to withdraw the Healthy Ohio 1115 Medicaid Demonstration Waiver proposal

Respectfully,

Sheng Liu, MD
President

Amy Zack, MD
Vice President

Patricia Kellner, MD
Past President

NEOAFP member physicians:
Fred Jorgensen, MD
Eric Friess, MD
Patricia Blochowiak, MD
Charles Garvin, MD
Melanie Malec, MD
Kenneth B. Frisof, MD
Lisa C. Navracruz, MD, FAAFP, AAHIVS
Thomas Schalcosky, MD
Anne Wise, MD
Matthew Pawlicki, MD

cc: Senator Sherrod Brown c/o Abigail_duggan@brown.senate.gov
cc: Ken Frisof, MD, kenfrisof@gmail.com
cc: info@uhcanohio.org

Zolinski, Sara

From: 4403132432@vzwpix.com
Sent: Sunday, May 15, 2016 10:01 PM
To: HealthyOhio

I am speaking out against The Healthy Ohio Plan that would be very harmful to poor Ohioans. I have watched the poverty level rise dramatically I'm our school system a nd we do not need yo do anything else to make life more difficult for these Ohioans. I know if they have to decide between health care and rent and food, they will miss their doctor appointments. Please put people first for once in Ohio. Stop the Healthy Ohio Plan that is really very unhealthy for our state.

Zolinski, Sara

From: Grace <gracenpete@cs.com>
Sent: Sunday, May 15, 2016 9:02 PM
To: HealthyOhio
Subject: No to "Healthy Ohio" proposal

If any of these legislators actually took the trouble to get to know a poor or mentally/medically challenged person, they would understand that they live from crisis to crisis, often may be homeless, and unable to deal with the confusing and complicated business of health savings accounts. I have difficulty with them myself. They are way too complicated. These folks not getting timely medical care would result in a great and painful burden to them and a greatly increased expense to the public. And it is completely ridiculous to base medical coverage on whether a person is a young or middle-aged adult instead of a toddler or elderly person.

Grace Staples

Zolinski, Sara

From: Jessica Lillian Weinberg <jessicaweinberg23@gmail.com>
Sent: Sunday, May 15, 2016 7:28 PM
To: HealthyOhio
Subject: Comments Re Proposed Healthy Ohio Program

The summary of the Healthy Ohio plan says the following:

All members (with the exception of pregnant women) will be required, as a condition of eligibility, to make up upfront monthly contributions to the Buckeye account equal to 2% of income but not to exceed $99 per year, or $8.25 per month. Members who fail to make a required monthly payment within 60 days of its due date will be dis-enrolled from the program, and required to pay back the debt prior to re-enrollment.

My thoughts are as follows:

- First, I assume that money accumulated in the health savings accounts proposed elsewhere in the plan will **not** be "countable resources" for the purpose of evaluating Medicaid eligibility? It would be a *grossly* unfair Catch-22 to both require health savings accounts as a condition of benefits and deny benefits on the grounds that the same health savings accounts equate to assets about the limit.

- I think the assumption is being made that a policy of dis-enrolling those who don't pay the 2% or $99 per year won't lead to Ohioans losing benefits, because the amounts required won't be burdensome. However, I am concerned that many Medicaid recipients will lose their benefits through failing to pay the premium simply because they are not aware they have to pay it, or do not understand it. Having been a consumer of Medicaid and having had other consumers as associates and clients, I can attest that JFS caseworkers often give incomplete or inaccurate information. The fair thing to do is for Ohio Medicaid and the Kasich administration to make a public relations effort to make sure recipients are educated about and understand the new policy, before it goes into effect.

In particular, I find that JFS workers are not knowledgeable about Medicaid Buy-in-For-Workers with Disabilities (which I educated my caseworker about when I applied for it) and other Medicaid provisions that allow people with disabilities to work more and still have benefits. Many people are afraid to work for fear of losing benefits; the higher the income and asset thresholds are raised, the more people can work. It is, unfortunately, not the case that somebody who is working can do without Medicaid eligibility. There is a big gap between when income rises beyond the Medicaid limits and when income is high enough that it is easy to afford private insurance.

Because I finally did qualify for Medicaid-Buy-in-For-Workers with Disabilities, it is my understanding that I am not in one of the categories of recipients that will be asked to participate in Healthy Ohio (and I can make more and still be eligible); however, my disabilities are difficult to document, so being eligible based on income alone still makes coverage easier.

- Finally, although the amounts being discussed now don't sound all that burdensome, I find it difficult to believe that those amounts will stay that low. I think once this policy is in place, the requirements are likely to rise to burdensome levels – as has happened with Obamacare itself.

I also read the following in the summary:

Members receive these benefits up to a three-hundred thousand dollar ($300,000) per year or one million dollar ($1,000,000) lifetime benefit threshold under the Healthy Ohio Program. When individuals reach either of these benefit thresholds, they will transition to coverage under either the State's traditional managed care program or the traditional fee-for-service Medicaid program, as applicable based on the member's eligibility.

My comment:

I am concerned that the managed care program and fee-for-service programs referred to won't be affordable.

Jessica Weinberg

7168 Tottenham Road

Toledo, OH 43617

Zolinski, Sara

From: Ethel Jenkins <e54jenk@gmail.com>
Sent: Sunday, May 15, 2016 6:51 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

Dear Governor Kasich,

I am an 80 year old resident of the city of Dayton, Ohio. I am totally against the implementation of your Healthy Ohio 1115 Demonstration Waiver Proposal. This proposal, if implemented, will lead to increased disparities and places burdens (yokes) on families who are already struggling to make ends meet.

This is a bad proposal and I strongly reject it. WHAT WOULD JESUS DO?

Humbly Submitted,

Ethel P. Jenkins

Zolinski, Sara

From: Betty Clay <bett226clay@outlook.com>
Sent: Sunday, May 15, 2016 6:40 PM
To: HealthyOhio
Subject: Healthy Ohio

I am not in favor of this program for the citizens of Ohio. It will only discourage people from getting medical care. The cost of living is going up and to put more of a burden on people that are already struggling is only going to cost the state more money in the long run. Keep a program that will help not hurt people

Sent from Windows Mail

Zolinski, Sara

From: Duffy, Sally SC <sduffy@scministryfdn.org>
Sent: Sunday, May 15, 2016 6:43 PM
To: HealthyOhio
Subject: oppose the plan

I definitely oppose the "Healthy Ohio" plan that will impose premiums and caps n coverage and lock people out if they miss a payment. This plan will disrupt care, lead to poor health outcomes and compromise the financial stability of health systems. This plan will actually cost more and keep people away from their medical home.
Sally Duffy, SC

Sister Sally Duffy, SC
SC Ministry Foundation
345 Neeb Road
Cincinnati, OH 45233
513-347-1136
sduffy@scministryfdn.org
www.scministryfdn.org

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Zolinski, Sara

From: sswirls@aol.com
Sent: Sunday, May 15, 2016 4:12 PM
To: HealthyOhio
Subject: Passage of. Healthy Ohio

Please do not pass the charge on Medicaid Insurance on the poor. Just have the rich that just got tax reductions pay their fair share. GREED COMES WITH KARMA. Stop being so greedy!

Sent from AOL Mobile Mail
Get the new AOL app: mail.mobile.aol.com

Zolinski, Sara

From: maggie.parks@gmail.com
Sent: Sunday, May 15, 2016 8:29 AM
To: HealthyOhio
Subject: Please do not accept this plan

To Whom it May Concern:
I write you to consider multiple drawbacks of the Healthy Ohio plan. The people who most need Medicaid coverage are the least able to manage a health savings account. Also, please consider the larger picture. Preventative care WILL be cheaper for the state. Think of all the people with mental illness who are locked up in jail for petty crimes because the didn't get regular health care. Prison far more to the tax payers than medical care. Also, I work with low-income students. I guarantee people will have significant difficulty understanding the plan or even paying small costs.

I implore you to stop this plan.

Sincerely,
Maggie Parks

Sent from my iPhone

Zolinski, Sara

From: Cindy Perkovich <cindyleefu@gmail.com>
Sent: Saturday, May 14, 2016 4:54 PM
To: HealthyOhio
Subject: Medicaid changes

Please stop what your doing. Your going to hurt the poor, elderly and disabled. You've already done enough of that, show some compassion Kasich that you talked about all over the United States.

Zolinski, Sara

From: Jeanne Long <jeanne_618@msn.com>
Sent: Saturday, May 14, 2016 12:56 PM
To: HealthyOhio

The added red tape means "Healthy Ohio" actually will cost the state more. The health care consulting firm Human Arc estimates that the proposed changes could cost Ohio's health care system billions over five years.

The state's existing Medicaid expansion program has helped more than 650,000 Ohioans and strengthened hospitals and health care. The "Healthy Ohio" plan would diminish those benefits and hurt scores of thousands. Federal officials have to approve this proposal, and they pay attention to citizens. Speak out against the plan.

Sent from Mail for Windows 10

Zolinski, Sara

From: Krista Golden <kristagldn@gmail.com>
Sent: Saturday, May 14, 2016 12:25 PM
To: HealthyOhio
Subject: Healthy Ohio proposal

I am an unemployed woman who had never had health insurance before 2014. That year, I finally qualified for Medicaid and applied for it. Prior to this, I'd been getting sporadic medical care, only going to a health clinic for severe problems. I couldn't even afford the medications they would prescribe me (I'd been diagnosed with hypertension, high cholesterol and hypothyroidism). Once I was on Medicaid, I began to see a doctor regularly – a good doctor, not one that will dismiss my problems and shuttle me out the door. I'm on medications that have stabilized and improved my physical problems, and I am in the process of looking for a mental health provider.

Under this "Healthy Ohio" plan, I would not be able to afford the premium and would therefore be locked out of Medicaid. This is severely detrimental, as I would no longer be able to afford the medications I need and would definitely not be able to see anyone for mental health issues. I do not want to go back to life I lived before I qualified and got Medicaid.

This does not just affect me: there are many people out there who would lose life-saving medical care because they can't afford those premiums. You must think of how many people would die if they were forced to spend $100 a month to keep their coverage – money they don't have to spare. Many people who are underpaid or unemployed cannot afford that much for health care, and they would have to choose between paying their premium and paying rent/utilities or keeping a much needed car insured. You must not force people to make this decision.

Krista Golden
Lisbon, OH

Sent from Mail for Windows 10

Zolinski, Sara

From: Chelley Hopson <chelleyh@gmail.com>
Sent: Friday, May 13, 2016 10:04 PM
To: HealthyOhio
Subject: Healthy Ohio Plan

Please do not implement the healthy Ohio plan. I have read about it and it will cause a hardship for scores of people, including myself.

Thank You,

Chelley Hopson
4122 Bluestone Road
South Euclid, OH 44121
(216) 254-3836

Sent using CloudMagic Email

Zolinski, Sara

From: Robin Stears <robinstears@gmail.com>
Sent: Saturday, May 14, 2016 8:13 AM
To: HealthyOhio
Subject: Healthy Ohio is a bad idea

Imposing fees and complex health savings accounts is the wrong health care model for people living in poverty. Repeated studies over the past three decades have found that even modest increases in cost prevent poor people from seeing a doctor for preventive care for chronic conditions like schizophrenia, hypertension and diabetes. People who barely make enough to cover rent, food and bus fare will skip a preventive appointment that they can't afford, even if it's necessary in the long run. If someone doesn't have $99 for food and rent, they certainly don't have $99 to pay for health care...which is less important than food and shelter.

What concerns me most is this quote from the Health Ohio summary: "The Buckeye Account is designed to actively engage members in managing their healthcare expenses while exposing the individual to the costs of their care."

Who decided it was a great idea for someone who is living in poverty AND dealing with a life-threatening disease to be actively engaged in managing their expenses? Clearly, if they were good at managing expenses, they wouldn't be living in poverty, and if they're engaged in fighting cancer or heart disease, the last thing they need to worry about is the cost of their care.

As a counter-proposal, I suggest a REAL Healthy Ohio plan that covers every single Ohioan, regardless of income, and provides comprehensive health care, including dental and eye. Pay for it by raising the Ohio income tax on the top 15% income bracket.

Healthy Ohio sounds like something Ebenezer Scrooge dreamed up in order to "reduce the surplus population."

Zolinski, Sara

From: Jan Terradotter <earthy0823@att.net>
Sent: Saturday, May 14, 2016 7:26 AM
To: HealthyOhio
Subject: Healthy Ohio

Repeated studies have found that even modest increases in cost prevent poor people from seeing a doctor for preventive care for chronic conditions. Reducing barriers to medical services is good for everyone because it encourages preventative care. Not only does the “Healthy Ohio” program block access for individuals, it shifts the risk of emergency care to the medical service provider. the added red tape means "Healthy Ohio" actually will cost the state more. The health care consulting firm Human Arc estimates that the proposed changes could cost Ohio’s health care system billions over five years.

Janice Terradotter
Berea, OH

Zolinski, Sara

From: Kim Stanuch <kimstanuch@gmail.com>
Sent: Saturday, May 14, 2016 6:05 AM
To: HealthyOhio
Subject: Healthy Ohio Sham

Ripping medical away from the needy is cruel, unnecessary and anything but healthy. Call it was it is, wrenching humanity from the poor so the rich get richer. Jesus would consider this an abomination. Be prepared to burn in hell.

Zolinski, Sara

From: Leslie Bentley <joshsmom23@gmail.com>
Sent: Saturday, May 14, 2016 5:02 AM
To: HealthyOhio

Please do not enact the "healthy Ohio" plan. As a health care worker and the mother of a son with medicaid, i know both sides of the situation. This plan will cost the state more money and deny coverage to thousands. How can our state grow and encourage new residents if we treat the poor and disabled so badly.

Zolinski, Sara

From: Ivy Young <ivyyoun@gmail.com>
Sent: Saturday, May 14, 2016 12:59 AM
To: HealthyOhio
Subject: Medicaid Waiver

John Kasich, stop the madness! When will you stop kicking around the poor and disenfranchised.

--
Ivy Young,
Certified Public Accountant
(937)275-8084
NOTE: email address has no "g" in my email name

Zolinski, Sara

From: Nancy Fogelson <neriksenfogelson@gmail.com>
Sent: Friday, May 13, 2016 9:13 PM
To: HealthyOhio
Subject: Healthy Ohio Plan

This plan is a step backward. Taking away from those who are working to improve themselves (including their health) under the guise of "HealthyOhio " is simply a mean-spirited attempt to chip away at one of the successes of the Affordable Care Act.

Sincerely,
Nancy Fogelson

Zolinski, Sara

From: kathleen rosen <kathleen.rosen@gmail.com>
Sent: Friday, May 13, 2016 7:38 PM
To: HealthyOhio
Subject: Medicaid proposal

Dear Governor,
The proposal to make poor people pay premiums on Medicaid is a public health disaster waiting to happen. People shouldn't have to choose between food or shelter and adequate health care. It can only result in a worse situation for people who are already struggling. My Christian values clearly tell me that when someone is drowning, you throw them a lifeline. You don't put an anchor around their neck. Where are your values, Governor?

Sincerely,

Kathleen T. Rosen
3246 Clarendon Rd.
Cleveland Heights, OH
44118

kathleen.rosen@gmail.com

Zolinski, Sara

From: Bobbie Celeste <bceleste@ohpsych.org>
Sent: Friday, May 13, 2016 5:55 PM
To: HealthyOhio
Subject: Comments re Medicaid Waiver from Ohio Psychological Association

Ohio Department of Medicaid

From: Ohio Psychological Association

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

Unrealistic Given Symptoms of Mental Illness

The Ohio Psychological Association opposes the proposed Healthy Ohio 1115 Medicaid Waiver. Our patients who have mental health disorders such as depression, anxiety, paranoia, and panic often find it difficult to come for treatment because of the nature of their disorders. Many patients already have problems merely getting up, getting dressed, and going out of the house. Adding the need to pay for premiums for insurance makes something as simple as coming for necessary treatment more problematic for those with mental illness.

Interrupts Continuity of Care

The fact that Medicaid enrollees can have their coverage terminated for non-payment, contributes to a significant hardship for those who, more than most, need to have continuity of care. Losing mental health coverage for 2 months could set back treatment for 6 months if the patient stops treatment and begins to decompensate and ends up in the hospital or jail.

Hurts Treatment Adherence

We know that adherence to treatment plans is especially important to ensure recovery for those with mental illnesses and substance abuse. Limiting treatment related to ability to consistently pay is not realistic for many with severe mental illness.

Not Helpful in other States

It's our understanding that these policies have not been useful in other states. We believe that patients need to take responsibility for their health and well-being, but the proposed Waiver is likely to back-fire for individuals who have mental illness. Consistent treatment is vital to maintaining a steady job for many with mental illness. This waiver would hinder individual's ability to take responsibility for themselves.

Thank you for the opportunity to comment on this Medicaid proposal.

--
Bobbie L. Celeste, PhD
Director of Professional Affairs
Ohio Psychological Association
395 E. Broad St. # 310
Columbus, OH 43215
614-224-0034
bceleste@ohpsych.org
www.ohpsych.org

Zolinski, Sara

From: Ken <watsonkh@live.com>
Sent: Friday, May 13, 2016 5:43 PM
To: HealthyOhio
Subject: comments for consideration regarding Healthy Ohio Program 1115 Demonstration Waiver.

Hello,

Some of us are responsible. Government seem to just do thing to help the wealthiest of our country. I have been on the Medicaid expansion for a year no due to illness that prevent me from working. I some time only have $ 2.00 in my check account from week to week. Medicaid is the only help I qualify for and we are a family of 6. My wife works two jobs and neither one offer health care at all. The owners of the small business live a hell of better life style of luxury, than we do with basic needs.

There are a lot of barriers if you are sick, sometime the Emergency rooms are the only option you have for care. I have three chronic illness they are hard to maintain, due to denial of Medication and the lack of arability of doctor to see.

What are the poor and sick supposed to do? I have paid into the Medicaid fund all my life, thing need to be there for me when I need them.

If this country was in need then you would call on my kids to serve to protect you. You need to protect them now in their time of need.

Again, Social Security and Medicaid are thing we all paid for not an entitlement program,

Please attach this comment to the application.

Please excuse any typo's I have a very hard time seeing.

Kenneth J. Watson
4446 Sharps Cutoff Rd
Batavia Ohio 45103

Zolinski, Sara

From: beverly wattenmaker <bwattenmaker@roadrunner.com>
Sent: Friday, May 13, 2016 4:20 PM
To: HealthyOhio
Subject: Healthlyl Ohio 1115

April 13

I oppose the Healthly Ohio 1115 Medicare waiver. It will hurt the low income families that need healthcare coverage.

Bev wattenmaker

Bev Wattenmaker
19901 Van Aken Blvd
Shaker Heights, Ohio 44122
216 470 1986 mobil
216 862 8776 home
bwattenmaker@roadrunner.com

Zolinski, Sara

From: Anne Wise <awise@nfpmedcenter.org>
Sent: Friday, May 13, 2016 4:11 PM
To: HealthyOhio
Subject: Healthy Ohio Waiver Proposal

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

13 May 2016

Dear Director McCarthy,

I am writing to express my deep concern about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

I am a family physician with over twenty years of experience caring for medically underserved and uninsured residents of Cleveland in a Federally Qualified Health Center (FQHC). The Medicaid expansion under the ACA has brought innumerable benefits to our previously uninsured patients, not the least of which has been the ability to manage their acute and chronic conditions in a much more timely and comprehensive manner.

My specific concerns address the following areas of interest to CMS:

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No, the small monthly fee being charged to even the poorest patients can be a burden for folks living paycheck to paycheck with unexpected emergency expenses. Then falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid.
- Our patients do not “abuse” Medicaid. Their access to consistent health insurance coverage makes it possible for us to address their short and long-term health care needs in a more efficient, goal-oriented fashion which rests on the continuity of care they find with us. Disruption of their insurance coverage and worsening their financial circumstances only promises to interrupt needed care and ultimately raise their overall health costs as they delay preventive measures and end up in the emergency rooms as sicker uninsured patients.

Does the waiver increase access to and strengthen providers and provider networks?

- No, it does exactly the opposite. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staffs of institutions serving Medicaid patients, as well as the managed care companies in which the patients are enrolled. Many providers will want to help pay contributions into their patients’ Buckeye Accounts in order to assure their own reimbursement for services rendered. But because they are forbidden to pay the whole amount, doing so will become an accounting nightmare for them.

Does the waiver improve health outcomes for Medicaid and other low income populations?

- Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly 'contributions' under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates.
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and make using Medicaid more complex. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to 'prepare' people for the commercial market. I am of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. They are an unproven innovation that, for people with chronic and serious problems, will likely decrease efficiency and quality of care. With high deductibles and health savings accounts, the U.S. will continue its current trajectory from a crisis of uninsurance to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, I recommend to CMS to reject this proposal in its entirety.

Respectfully,

Anne S. Wise, MD, MPH

Neighborhood Family Practice
6412 Franklin Blvd
Cleveland, OH 44102
216.961.2090

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Zolinski, Sara

From: Robert Klempay <robtklemp@aol.com>
Sent: Friday, May 13, 2016 3:18 PM
To: HealthyOhio
Subject: public comment/medicaid waiver

I never thought I would be out of work for any reason. Yet, after 35 years in the national economy, all of which took place in hospital materials/suppy I was let go and out of work. I earned a four year business degree. There was no one in my town with the experience and education I had. I am sure this must happen to government employees all the time so you must be familiar with this. What happened is that my supervisor was told do my work and she ended up working 14-16 hour days for months after I was let go. She was salary so the for profit company could care less about any extra hours she had to work. I doubt if anyone really cares about this e mail but I am sending it anyway.
My new job is seven days a week, 24 hours a day and it does not come with a paycheck. I am full time caregiver for my elderly mother.
I am saving the government at least $100,000 per year. if my mom was in a nursing home, that is what the government would be paying the nursing home.
I do not take vacations of any type. I do not go out to dinner. I am paying out the savings account just to pay the taxes and utilities as well as other living expenses.
Now you want to add additional expenses for my Medicaid coverage. I have always followed the laws of the land and will continue to do so.
I think people who call themselves 'Conservatives' have no idea what it is truly like to live a conservative life. I think I live a conservative life but I not relate with those in the so called conservative movement which is very confusing.
Please do not consider adding any cost or waiver for Medicaid coverage.
Thank you

Robert Klempay
robtklemp@aol.com

Zolinski, Sara

From: COLIN CHRISTENSEN <christensencd@sbcglobal.net>
Sent: Friday, May 13, 2016 2:37 PM
To: HealthyOhio

To: Ohio Department of Medicaid

From: Colin Christensen

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion, and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid-eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Colin Christensen, Ph.D.
Psychologist

Zolinski, Sara

From: Christine Garcia <cgarcia@insight.rr.com>
Sent: Friday, May 13, 2016 2:16 PM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

To: Ohio Department of Medicaid

From: Christine Garcia

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion, and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid-eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Christine Garcia
6854 Brockland Dr.
Reynoldsburg, OH 43068

Zolinski, Sara

From: Christine Williams <christinewilliams01@gmail.com>
Sent: Friday, May 13, 2016 1:40 PM
To: HealthyOhio
Subject: Ohio Medicaid and the "Healthy Ohio" plan

Ohio Medicaid: Subject: Proposed 1115 Demonstration Waiver

I am writing to express my deep concern that Ohio Medicaid would propose charging fees to the poorest of the poor for health care services. I have extensive experience working with the low income Medicaid population, 35 + years as a family nurse practitioner, and I continue to provide primary care services to the Medicaid insured at an urban health center.

Charging premiums for health care services to the poorest will only create greater barriers for these beneficiaries to be seen on a regular basis. The changes Ohio proposes to engage in include the charging of premium and the assignment of penalties for patients who miss payments. Many of the Medicaid insured will lose their health care coverage because of these financial burdens or refrain from using it when they need it the most.

To call this the "Healthy Ohio "program is absurd. Ohio Medicaid proposes that by charging premiums and assessing penalties, by creating very significant barriers to health care, people will magically become healthier. While the proposed premiums and annual fees may seem insignificant to those who do not live on the margins of poverty, every dollar counts to these Medicaid covered beneficiaries. It is not uncommon to find that my Medicaid patients are unable to afford public transportation, or unable to pay the costs of over the counter medications not covered by Medicaid. Where will they find the funds to maintain Medicaid coverage? How will they maintain employment when they have not received treatment for their acute pneumonia?

The administrative costs which Ohio will surely incur, attributable to collecting premiums, annual fees and copays, far out ways the fee revenue obtained from charging the poor. Why is Ohio Medicaid engaging in such oppressive policy?

Healthy Ohio is bad policy. It clearly discriminates against the poor. Ohio Medicaid has lost sight of its mission, which is to "Provide **accessible and cost effective health care coverage f**or Ohioans by promoting personal responsibility and choice through transformative and coordinated quality care". **Healthy Ohio erects huge barriers to accessibility without evidence that the plan results in any cost efficiencies.**

Please reconsider, this may be good politics but it is disastrous policy.

Christine Williams, MSN, CNP, FAANP

Family Nurse Practitioner

15701 Fernway Road

Shaker Heights, Ohio 44120

216-536-3670

Zolinski, Sara

From: Palmieri, Patrick <PalmierP@summahealth.org>
Sent: Friday, May 13, 2016 1:26 PM
To: HealthyOhio
Cc: Palmieri, Patrick
Subject: Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

This message was sent securely using ZixCorp.

Dear Director McCarthy:

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion, and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid-eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Patrick A. Palmieri, Ph.D.
Director, Center for the Treatment and Study of Traumatic Stress
Summa Health System - St. Thomas Hospital
Ambulatory Building, Suite 420
444 North Main Street
Akron, OH 44310
Phone (330) 379-9081
Fax (330) 379-5095
palmierp@summahealth.org

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Zolinski, Sara

From: Ariel Miller <arielmillerwriter@gmail.com>
Sent: Friday, May 13, 2016 12:51 PM
To: HealthyOhio
Subject: Opposition to Healthy Ohio 1115 waiver

Dear Director McCarthy,
I am writing in opposition to the Healthy Ohio 1115 waiver. Serving for a decade as a director of a regional Episcopal foundation that aids churches with their response to poverty, I have seen countless examples of the devastating impact on working people of not having access to affordable health insurance, with preventable death and morbidity and bankruptcy due to medical debts just some of the adverse impacts. Governor Kasich's decision to expand Medicaid eligibility to working-age adults took enormous courage and practical vision. The proposed waiver will drive thousands of newly enrolled people off the rolls and create needless administrative expense for the state. Since retiring in fall of 2013, I have spent the last three years as a volunteer helping neighbors choose and enroll in health insurance. The vast majority of the people who I have helped are earning below 138% of the poverty level and are eligible for the expanded Medicaid. Many of these people take care of other people with great dedication as home health aides. Others are owners of small businesses whose net income is so low they can't afford to insure themselves and their families. Discovering that they are eligible for Medicaid often brings tears of astonishment, joy and relief to their eyes. Most of the people I have helped are working - hard - and struggling greatly to pay their living expenses on the wages they receive. Why punish them by creating needless barriers to the coverage they need? Early, appropriate care saves all of us money. Expanded Medicaid reduces the burden of uncompensated care for hospitals and health centers and generates economic activity including jobs for our communities. The proposed waiver would erode these gains.
Thanks very much for considering my testimony.
yours,
Ariel Miller,
retired executive director, Episcopal Community Services Foundation, Episcopal Diocese of Southern Ohio volunteer CAC
3732 Congreve Avenue
Cincinnati, Ohio 45213
513-236-9872

Zolinski, Sara

From: Julianne Edberg <jedberg@worldnetoh.com>
Sent: Friday, May 13, 2016 11:59 AM
To: HealthyOhio
Subject: Healthy Ohio

The upcoming “Healthy Ohio” legislation is not healthy for Ohio!
Reducing barriers to medical services is good for everyone because it encourages preventative care.
This is the opposite of what the upcoming proposal would accomplish.
Finally, the added red tape means "Healthy Ohio" actually will cost the state more.

Zolinski, Sara

From: angie.l@cox.net
Sent: Friday, May 13, 2016 10:35 AM
To: HealthyOhio
Cc: info@uhcanohio.org

Hello,
Please stop making it harder to have medical for a person with a disability. The proposal is not helpful I can not afford to pay. Instead of helping us the government is hurting us, to save money stop saying there is no cost of living increase for Social Security but then give every government worker a 3% increase in pay every year for the cost of living increase. Stop talking out of both sides of your mouth and start helping those who truly need it.
--
Angela M. Bossone
216.673.3015

Zolinski, Sara

From: Melanie Alban <melaniealban@aol.com>
Sent: Friday, May 13, 2016 10:11 AM
To: HealthyOhio
Subject: Proposed Healthy Ohio 1115 Medicaid Waiver

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this “Healthy Ohio” waiver and urge the State to reconsider.

Respectfully,

Melanie J. Alban
13660 Fairhill Road, #301
Shaker Heights, OH 44120

Sent from Mail for Windows 10

Zolinski, Sara

From: Linda Trausch <lindatrausch@chwchospital.org>
Sent: Friday, May 13, 2016 10:06 AM
To: HealthyOhio
Subject: Health Ohio Medicaid Waiver

This message was sent securely using ZixCorp.

To: Ohio Department of Medicaid

From: Linda Trausch ACSW, LISW-S
Community Hospitals and Wellness Centers
433 W. High Street
Bryan, OH 43506

May 13, 2016

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

I live in Northwest Ohio in and work in a small community hospital. Our Mission Statement includes: "To provide quality patient care at every point of service; to respect the dignity and uniqueness of all patients; to promote safe medical practices; to encourage medical research; to permit access to all seeking healthcare; and to maintain fiscal soundness." I am concerned about the impact that the Healthy Ohio Medicaid Waiver could have on our patients/families and my hospital. I have helped more than one person apply for Medicaid through the Expanded Medicaid program. Most of those I've helped are the working poor who are very grateful for assistance in paying their medical bills... …bills that likely would not have been paid. We are a Commission on Cancer accredited hospital with a Radiation Oncology Unit that offers radiation treatments to local cancer survivors. I have concern regarding how the annual and lifetime caps could affect our local cancer survivors. In addition, in my 25 years at this hospital, I have seen patients with no insurance (private or Medicaid) wait to seek treatment until sometimes their medical condition becomes life threatening. While our Medicaid population is less than 20% of our patients here, Medicaid is important for the services it provides to each individual/family. Medicaid **certainly** makes a difference for that patient and/or family.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Health Ohio waiver.

Respectfully,

Linda Trausch

Linda Trausch, ACSW, LISW-S
Director of Social Services & Discharge Planning
Community Hospitals and Wellness Centers
419-636-1131, ext 12341 / 419-630-2133
lindatrausch@chwchospital.org

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This message was secured by **ZixCorp**(R).

Zolinski, Sara

From: Derry Stauffer <dastauf@gmail.com>
Sent: Friday, May 13, 2016 9:35 AM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5 th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 12, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of
Medicaid.
- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are low-income citizens of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.

- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this
"Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,

Dwight A.
Stauffer
6362 Woodhawk Dr.
Mayfield Heights, OH 44124

dastauf@gmail.com

Zolinski, Sara

From: Jane Hazen <jfhazen@sbcglobal.net>
Sent: Friday, May 13, 2016 8:55 AM
To: HealthyOhio
Subject: Healthy Ohio

Saying NO to "Healthy Ohio". Notice that the quotation marks indicate irony.
Not healthy for anyone.
I always vote.

Jane Hazen, Ohio resident

Sent from my iPad

Zolinski, Sara

From: Marcia Schulz <msmartelli@gmail.com>
Sent: Friday, May 13, 2016 8:21 AM
To: HealthyOhio
Subject: Healthy Ohio A SICK IDEA

As a registered nurse for 40 years and Nurse practitioner for 15, the Healthy Ohio" proposal is NOT healthy for Ohio. Ultimtately, it will be more costly as mre people present to emergency rooms with illnesses (PLURAL) WITH GREATER SEVERITY, more costly to treat and longer hospitalizations because of bariers that delay access. PLEASE LISTEN!!

Marcia Schulz

Zolinski, Sara

From: Kathy Hanna-Stauffer <khannas@sbcglobal.net>
Sent: Friday, May 13, 2016 8:12 AM
To: HealthyOhio
Subject: Comments on proposed Healthy Ohio 1115 Medicaid Waiver

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.
As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,

Kathryn Hanna-Stauffer
6362 Woodhawk Dr.
Mayfield Heights, OH 44124

Zolinski, Sara

From: Brenda Shawver <bshawver1@yahoo.com>
Sent: Friday, May 13, 2016 7:53 AM
To: HealthyOhio
Subject: Healthy Ohio is a bad idea

Please do not approve this plan for Ohio. It is such a bad idea. It is basically taking away health care for people who are struggling day to day and that is just wrong. Please don't let this go through.

Thank you,
Brenda Shawver
15 W 4th St (310)
Cincinnati, OH 45202

Sent from my iPad

Zolinski, Sara

From: Heather Grove <carpenoctum555@yahoo.com>
Sent: Friday, May 13, 2016 5:19 AM
To: HealthyOhio
Subject: "Healthy Ohio" Proposal is Anything But

Healthy Ohio is a disaster in the making. Despite the misleading name, it's not healthy for Ohio. It will disrupt care, endanger the financial stability of our health system and lead to poor health outcomes

Under the proposal, adults covered by Medicaid (people earning less than 138 percent of the federal poverty level, or $1,366 per month for a single person) would pay premiums of up to 2 percent of annual income, capped at $99 per year, into a modified health savings account to get access to health care services.

Imposing fees and complex health savings accounts is the wrong model for health care for people living in poverty. Over the past 30 years, repeated studies have found that even modest increases in cost prevent poor people from seeing a doctor for preventive care for chronic conditions like schizophrenia, hypertension and diabetes. People who barely make enough to cover rent, food and bus fare will skip a preventive appointment that they can't afford, even if it's necessary in the long run.

The conservative Rand Corporation found modest savings in the private market from health savings accounts – typically used by high-income families and paired with a high deductible health insurance plan – because participants ration their own care. But the problem with low-income families is underuse – not overuse – of health care. The same study found that for poor and sick people, the health savings account model may yield poor health outcomes.

Reducing barriers to medical services is good for everyone because it encourages preventative care. Regular checkups and appropriate, consistent medication promotes better health, which boosts productivity, reduces suffering and curtails overall costs. This is preferable in every way to treating medical crises in the emergency room – which becomes more common when policies create barriers like these.

The Ohio Department of Medicaid itself forecasts between 125,000 and 140,000 fewer people will be enrolled in Ohio's Medicaid program under the "Healthy Ohio" plan. Some will choose not to participate because of increased costs, and some will be locked out of the program. If you miss a premium payment and can't repay it within 60 days, you lose your coverage and cannot re-enroll until that debt is paid in full.

Not only does the "Healthy Ohio" program block access for individuals, it shifts the risk of emergency care to the medical service provider. Under the existing program, if you have a heart attack and are eligible for Medicaid, you can apply for coverage at the hospital and Medicaid can cover the emergency care. Under the "Healthy Ohio" plan, Medicaid would have to get a premium payment before coverage begins. Denial of coverage until a premium is paid could leave hospitals holding the bill for crisis and emergency care.

Lastly, the added red tape means "Healthy Ohio" actually will cost the state more. The health care consulting firm Human Arc estimates that the proposed changes could cost Ohio's health care system billions over five years.

The state's existing Medicaid expansion program has helped more than 650,000 Ohioans and strengthened hospitals and health care. The "Healthy Ohio" plan would diminish those benefits and hurt scores of thousands. Please scrap this dangerous plan.

Thank you,
Heather Grove

Sent from Yahoo Mail on Android

Zolinski, Sara

From: hank smock <hank.smock@yahoo.com>
Sent: Friday, May 13, 2016 2:37 AM
To: HealthyOhio
Subject: No to Healthy Ohio

Please do not put healthy Ohio into effect. It will negatively affect low income people who are at the highest risk. When you are struggling to pay the electric bill you won't be able to pay for this.

Zolinski, Sara

From: Arny Stoller <arny@covap.com>
Sent: Friday, May 13, 2016 12:21 AM
To: HealthyOhio
Subject: Against "Healthy Ohio"

I just read the article in the Cincinnati Enquirer by Wendy Patton and I agree with her that "Healthy Ohio" is a bad idea.

Arny Stoller
Covap Inc.
arny@covap.com
www.covap.com

Zolinski, Sara

From: Linda Poulemanos <ldpoulemanos@gmail.com>
Sent: Thursday, May 12, 2016 9:18 PM
To: HealthyOhio
Subject: Healthy OhioPlan is misguided

As a 25 year nurse, with 10 spent running an emergency room- these changes will result in anything but a healthier Ohio. Folks need easy access to preventative care and physicians to help prevent chronic health conditions from developing - which brings expensive ER visits. You have no idea of the stressors and difficulties encountered by the poor just to exist, let alone imposing rules and requirements that will do nothing but cause increase bureaucracy, red tape and expenses and resulting decreased use of accessing preventative care.
Linda Poulemanos RN
West Chester, Oh 45069

Sent from my iPad

Zolinski, Sara

From: Acheson, Louise <Louise.Acheson@UHhospitals.org>
Sent: Thursday, May 12, 2016 6:54 PM
To: HealthyOhio
Subject: Withdraw the Healthy Ohio 1115 Medicaid Demonstration Waiver!

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Email: HealthyOhio@medicaid.ohio.gov

May 12, 2016

Dear Director McCarthy,

I am writing to express my outrage about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

I have been a family physician in inner-city Cleveland, where I live and work, for more than 30 years. I'm a professor of family and community medicine at Case Western Reserve University. The majority of my patients are Medicaid recipients. I see every day the many barriers to low-income people's health and wellbeing. They do not need more!

My opposition to the 1115 waiver as written stems from my experience and values. Specifically, I believe that everyone who lives in the United States deserves health coverage that provides affordable access to quality care.

My specific concerns address the following areas of interest to CMS:

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No, the small monthly fee being charged to even the poorest patients can be a burden for folks living paycheck to paycheck with unexpected emergency expenses. Then falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid. Also, some people don't have banking accounts. How would they comply with the requirements of the "Buckeye Accounts"?

Does the waiver increase access to and strengthen providers and provider networks?

- No, it does exactly the opposite. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staffs of institutions serving Medicaid patients, as well as the managed care companies in which the patients are enrolled.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and make using Medicaid more complex. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to 'prepare' people for the commercial market. I am of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. They are an unproven innovation that, for people with chronic and serious problems, will likely decrease efficiency and quality of care. With high deductibles and health savings accounts, the U.S. will go from a crisis of uninsurance to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, I will recommend to CMS to reject this proposal in its entirety.

Respectfully,

Louise Acheson,

1573 E. 118th ST.

Cleveland, OH 44106

Visit us at www.UHhospitals.org.

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Federal and Ohio law protect patient medical information, including psychiatric_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Zolinski, Sara

From: Maureen Kilcullen <maureenkilcullen@gmail.com>
Sent: Thursday, May 12, 2016 5:27 PM
To: HealthyOhio
Subject: Healthy Ohio

Please do not change Medicaid. Healthy Ohio would be a disaster!

Sent from my iPhone

Zolinski, Sara

From: Treon Christine <treon.christine@icloud.com>
Sent: Thursday, May 12, 2016 4:24 PM
To: HealthyOhio
Subject: Fwd: Delivery Notification: Delivery has failed

Begin forwarded message:

From: postmaster@mac.com
Subject: Delivery Notification: Delivery has failed
Date: May 12, 2016 4:10:12 PM EDT
To: treon.christine@icloud.com

This report relates to a message you sent with the following header fields:

Message-id: <DC8C240A-9090-45FA-B64A-FEF3A814E148@icloud.com>
Date: Thu, 12 May 2016 16:10:09 -0400
From: Treon Christine <treon.christine@icloud.com>
To: HealthyOhio@medcaid.Ohio.gov
Subject: Do NOT approve "Healthy Ohio Proposal

Your message cannot be delivered to the following recipients:

Recipient address: HealthyOhio@medcaid.Ohio.gov
Reason: Illegal host/domain name found

Original-envelope-id: 0O7200EBBYOZD000@pv35p14im-ztdg05061101.me.com
Reporting-MTA: dns;pv35p14im-ztdg05061101.me.com (tcp-daemon)
Arrival-date: Thu, 12 May 2016 20:10:12 +0000 (GMT)

Original-recipient: rfc822;HealthyOhio@medcaid.Ohio.gov
Final-recipient: rfc822;HealthyOhio@medcaid.Ohio.gov
Action: failed
Status: 5.4.4 (Illegal host/domain name found)

From: Treon Christine <treon.christine@icloud.com>
Subject: Do NOT approve "Healthy Ohio Proposal
Date: May 12, 2016 4:10:09 PM EDT
To: HealthyOhio@medcaid.Ohio.gov

The proposed changes to Ohio's Medicaid program blocks access for individuals, and shifts the risk of emergency care to the medical service provider.
Healthy Ohio will disrupt care, endanger the financial stability of our present Medicaid program,

and lead to
poor health outcomes.
I oppose the Healthy Oh. program because it will hurt thousands of low income people, who cannot understand it or pay for it.

Treon Christine,Cinti OH, 45242

Zolinski, Sara

From: Rodney Hughley <rodney_hughley@yahoo.com>
Sent: Thursday, May 12, 2016 2:47 PM
To: HealthyOhio
Cc: Ximena Echeverria; Monique Graham-Lewis; John Barnes
Subject: "Healthy Ohio" Medicaid Reform is a BAD Idea

To Whom It May Concern,

It is unconscionable that Medicaid would require payment from people at the bottom of the economic ladder. I am a Medicaid subscriber with $0 income currently. I am surviving in public housing, with food assistance (SNAP), which I extend by using the local food pantries near where I live. I get other necessities from local charities (used clothing, toiletries, etc.). There is NO money to put into a medical savings plan or for deductibles or copayments.

Sincerely,
Rodney W. Hughley

Zolinski, Sara

From: David A Ginter <daveginter@mac.com>
Sent: Thursday, May 12, 2016 1:42 PM
To: HealthyOhio
Subject: Re Medicaid premiums, caps, and HSAs

These are really dumb ideas. Can the majority in the General Assembly not help themselves?

And if they cannot avoid proposing bad ideas, why can they not empathize with poor people who can't earn a living sufficient to pay for health insurance?

And yes, I already know the legislature has no ideas for creating full employment.

Dave Ginter
5826 Pandora Ave.
Cincinnati

iPhoned...

Zolinski, Sara

From: Casey Betz <caseybetz@yahoo.com>
Sent: Thursday, May 12, 2016 1:01 PM
To: HealthyOhio
Subject: defeat Healthy Ohio Proposal

Please DO NOT go forward with the Healthy Ohio Proposal. It's misleading and a truly misinformed way to provide health care to Ohioans. It would diminish benefits and hurt scores of thousands.

Sincerely,

Kathleen Betz

Zolinski, Sara

From: Soda Can <poptopron@aol.com>
Sent: Thursday, May 12, 2016 12:20 PM
To: HealthyOhio
Subject: The "Healthy Ohio" Medicaid proposal

I oppose the "Healthy Ohio" Medicaid proposal
It will disrupt care for the very people it is meant to support.
Preventative care saves Ohio money.
Complicating access to preventative care will hurt Ohio financially and hurt Ohio constituents.
Thank you.

Zolinski, Sara

From: ATSED@aol.com
Sent: Thursday, May 12, 2016 11:59 AM
To: HealthyOhio
Subject: Health Ohio plan is a terrible plan

Gentlemen,

The Healthy Ohio plan now proposed in Ohio General assembly reverses what so many people of faith supported in the Medicaid Expansion that Governor Kasic signed into law. This law is disruptive of the "Safety Net' needed by so many using the Expansion Plan. The forecast of over 100,000 people who will leave the program if this plan is passed is unconscionable and generate higher costs for Ohioans by
forcing them to go, as a last resort, to the Emergency Rooms of Hospitals where no body is refused care.

Why does our government introduce plans that undermine existing plans that the people have said they want and are willing to pay taxes for? There is no doubt some of those who will "game the system" but for the vast majority of people in the expansion program it is a Godsend. We as a people cannot play God when peoples' lives are stake. This plan will do just that.

Ed Alten
6074 Donna Jay Dr.
Loveland, Ohio 45140
atsed@aol.com
513-575-1515

Zolinski, Sara

From: Cheryl Harper <charper5513@gmail.com>
Sent: Thursday, May 12, 2016 11:50 AM
To: HealthyOhio
Subject: premiums

As someone who has private insurance (and whose family experienced serious medical problems), I am so grateful that we were covered. I would want everyone to have the same access to good medical care as we did, without causing financial ruin.

Reading about this plan saddens and appalls me. For folks who are barely making it financially, this is one more hurdle to overcome. It seems obvious that it will lead them to forego essential preventive care, more likely landing them in the ER - more tragic for them, more expensive for all of us. As I understand it, it will also increase expenses due to the administration of the program. Therefore, I see no positive aspects of this plan.

I urge all involved to drop this suggested program which will only hurt those of us who are already most vulnerable.

Cheryl Harper

Zolinski, Sara

From: Kathleen Hebbeler <gaia916@juno.com>
Sent: Thursday, May 12, 2016 11:15 AM
To: HealthyOhio
Subject: Healthy Ohio

Healthy Ohio is anything but healthy. Many uninsured will lose coverage under this plan. Health savings accounts have not worked in other states. Why will they work in Ohio? The only way it might save money is by reducing the Medicaid rolls, which my cynical self believes is the primary goal! However, the cost of care will be shifted to hospital emergency rooms, the most expensive an least effective long term health care setting. I hope the waiver is not granted.

Kathleen Hebbeler
4027 Fawnhill Lane
Cincinnati, OH 45205

Zolinski, Sara

From: Mark Wax <markwax@hotmail.com>
Sent: Thursday, May 12, 2016 10:48 AM
To: HealthyOhio
Subject: Medicaid

Good Morning,

Please resist the political temptation to “demonize the victim”, namely the least fortunate among us,,….. the poor, the sick, the disabled. Their circumstances are not a character flaw.

Looking for the “welfare queen”, someone who is a mythical construct, is just red meat for ignorant citizens who need to hate the “other.” Let’s face the facts.

Charging premiums is counterproductive to the economics and health outcomes at best, simply cruel at worst.

NO Premiums!

Sincerely,
Mark Wax
22807 Vine Court
Rocky River, Ohio
216.712.7535

Zolinski, Sara

From: Susanne Mort <susanne.mort@gmail.com>
Sent: Thursday, May 12, 2016 10:21 AM
To: HealthyOhio
Subject: Healthy Ohio should NOT be Approved!

Ohio Assembly Members and Medicaid Officials,

Do NOT waive existing Ohio Medicaid rules and approve Healthy Ohio.

I am a long time Republican and understand the pressures of budget constraints, however, Healthy Ohio is anything but "healthy" to our fiscal bottom line or, more importantly, to the citizens of Ohio that depend on Medicaid. The last thing our state should be encouraging is more bureaucracy that only serves to ultimately increase costs. All too often, laws meant to simplify and save taxpayer money achieve the opposite.

I strongly oppose this change to Ohio Medicaid. Preventive and routine care, as currently offered, is precisely what is needed for adults trying to make ends meet. To impose more restrictions and regulations only ensures many more costly emergency room visits and poor health outcomes. This is both fiscally and MORALLY WRONG!

Do NOT approve Healthy Ohio!

Sincerely,
Susanne Mort
Cincinnati

Zolinski, Sara

From: Jan Evans <evansjanw@gmail.com>
Sent: Thursday, May 12, 2016 10:17 AM
To: HealthyOhio
Subject: hanges in the Medicaid progrom for adults -comment for consideration during the comment period

To those it may concern and the Ohio General Assembly,

It is not good practice to pursue the changes to the Medicaid program for adults – those not elderly and without disabilities. Medical savings accounts are excellent for those not poor and with disposable income. Those that you are considering asking the federal government allow to be the focus of the waiver are among our most vulnerable populations in the state. I don't understand why barriers are being put up for participation in this program. Budgeting is, of course, important but I think that you could find a better source of savings than penalizing the poor. This change in the Medicaid program will only move the responsibility for caring for this population to the hospitals. And, it will further endanger and limit low income workers. Please drop the idea of "Healthy Ohio" – it is anything but!

Sincerely,

Jan W. Evans
536 Laramie Trail
Wyoming, Ohio 45215-2504

evansjanw@gmail.com

513 821-6154

Zolinski, Sara

From: Andrea Herzig <andreaherzig711@gmail.com>
Sent: Thursday, May 12, 2016 8:40 AM
To: HealthyOhio
Subject: Healthy Ohio

Putting more barriers in the way of getting and maintaining good health is not a good idea. Ohio will have better workers, fewer children in poverty, a better educated populace and more if we have healthy citizens. Ohio can and must help its most vulnerable citizens if the future of our state is to be bright for everyone.

Zolinski, Sara

From: Janet Elfers <jelfers12@gmail.com>
Sent: Thursday, May 12, 2016 8:20 AM
To: HealthyOhio
Subject: Healthy Ohio plan

I am against this legislation and the negative effects it will have on those who are unable to work. Please abandon this idea because it is financially expensive and will decrease the preventative care poor and disabled people need. Life is hard for the poor and disabled. Please don't make it harder for them to get their health care.

And why do Republicans continue to seek ways to make life more miserable for people less fortunate? Most of us don't mind paying a little extra to help those who are most vulnerable.

Janet Elfers, Loveland, Ohio

Zolinski, Sara

From: Mary Charles Kaplan <kaplanmc@yahoo.com>
Sent: Thursday, May 12, 2016 7:36 AM
To: HealthyOhio
Subject: Bad Plan

The Healthy Ohio plan does nothing to benefit the health or welfare of our citizens who require Medicaid assistance. As a retired nurse I can't begin to tell you about the number of acutely ill patients I have cared for who would never have gotten so sick if they had had access to regular preventative care and affordable health care. When I see our lawmakers try to make life worse than it needs to be for the citizens they are sworn to serve I just wonder whose side are you on?

This is a waste of taxpayer's money!

Mary Charles Kaplan
Cincinnati, Ohio

Sent from my iPad

Zolinski, Sara

From: Kevin McHugh <kcmchugh2012@gmail.com>
Sent: Thursday, May 12, 2016 7:00 AM
To: HealthyOhio
Subject: Please do not adopt changes to Medicaid

To Whom It May Concern:

I would direct you to an editorial in today's Cincinnati *Enquirer* which enumerates better than I very sound reasons for not making the changes proposed under the Healthy Ohio plan. While there is appeal to the "self-help"/skin in the game theory behind the bill, evidence indicates that whatever savings might be realized would be undercut by increased emergency spending due to the likely drop in coverage to over 1000,000 people. And, as Gov. Kasich might put it, "It's just wrong."

I would imagine that the costs required to administer the new regulations would far outstrip the assumed savings.

The Enquirer editorial website address appears below.

Thank you.

Kevin and Chris McHugh
6782 Verde Ridge Dr.
Cincinnati, OH 45247

http://cincinnatienquirer.oh.newsmemory.com/?token=d8e2b1964b081cfe5d3e4cdec0a1991b&cnum=3440593&fod=1111111STD&selDate=20160512&licenseType=none&

Sent from Mail for Windows 10

Zolinski, Sara

From: Marcia Eason <marciaeason@icloud.com>
Sent: Thursday, May 12, 2016 6:55 AM
To: HealthyOhio

Please do not implement this plan. I have worked as a Social Worker in a hospital emergency room for years and believe this plan would have negative outcomes for many of my fellow Ohioans.

Zolinski, Sara

From: denisekramer@cinci.rr.com
Sent: Thursday, May 12, 2016 6:36 AM
To: HealthyOhio
Cc: denisekramer@cinci.rr.com
Subject: Against Healthy Ohio

I am against Healthy Ohio plan.

Stick with the existing Medicaid plan.

If you are considering "improvement", take the time to come up with a viable plan.

Healthy Ohio is not it.

Denise Kramer, RN, MSN, CCM
Mobile: 513-236-7454
Office: 513-733-1952
Fax: 513-733-1440

Zolinski, Sara

From: Fred Orth <fredorth@fuse.net>
Sent: Thursday, May 12, 2016 5:47 AM
To: HealthyOhio
Subject: Say NO to the improperly named "Healthy Ohio" plan

This may save the program a few bucks but the people will suffer.
Do not allow Ohio to impose these fees, unconscionable.

Fred Orth
Cincinnati, Ohio

Sent from my iPad...

Zolinski, Sara

From: Sandy Ladebue <blloggix@gmail.com>
Sent: Wednesday, May 11, 2016 8:55 PM
To: HealthyOhio
Subject: Medicaid Waiver

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. I'm writing to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage - and that it will be a costly, unnecessarily bureaucratic challenge to implement.

I am committed to supporting health care for all individuals and their families and low-income families cannot afford to pay for their health care. A family may have to choose between putting food on the table or paying for the health care. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider. We must think of those who don't have as much as many of us.

Respectfully,
Sandy Ladebue
6522 E. Sprague RD
Brecksville, Ohio 44141

Zolinski, Sara

From: Bruce F. Donnelly <bfd@accessplaces.com>
Sent: Wednesday, May 11, 2016 5:54 PM
To: HealthyOhio
Subject: Copy of comment sent by mail

TO: Ohio Department of Medicaid

FROM: Bruce F. Donnelly, 3566 Strathavon Rd., Shaker Heights, OH – a member of Greater Cleveland Congregations (GCC)

REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

DATE: May 10th 2016

Dear Director McCarthy,

I urge you to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver. It will disrupt coverage for needy Ohioans and increase costs to both Ohio and the needy. Or just underpaid people like me.

Greater Cleveland Congregations is a large consortium of congregations of many different religions and denominations. These 40 congregations and organizations that represent 30,000 congregants in Cuyahoga County. We have united our power to advocate for access to health care for all – particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion. I worked on it long before I needed it, but I need it now.

Our congregants need it. In Ohio, a quarter of the population has enrolled in Medicaid. The waiver would harm over a third of Ohio's Medicaid population (one in every 12 Ohioans). Worse, it is exactly the kind of policy that Medicaid's legal guidelines must screen out.

The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. Such premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.

The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

These changes would negatively impact Ohio's Medicaid population, and they would impose costs on the State that it would otherwise object to as onerous. There is no sense in which the legislature and Governor are right that these changes benefit Medicaid recipients. If they believe that it benefits them morally somehow, we must object. As a group of religious congregations from numerous denominations of many religions, we believe so much in the morality of Medicaid expansion that we championed it and oppose these changes to it.

Once in a while, government policy has the ability to show grace as well as fiscal responsibility. This is one of those times.

Please reject the Medicaid waiver.

Respectfully,

Bruce F. Donnelly

--

Yours Truly,

Bruce F. Donnelly

216 223 8467

Zolinski, Sara

From: William Dugger <billyddugger@gmail.com>
Sent: Wednesday, May 11, 2016 5:41 PM
To: HealthyOhio; info@uhcanohio.org; Lynn Buffington
Cc: William D. Dugger; Deborah L. Ellington; thomas.houston@ohiohealth.com
Subject: The Reason Ohio is asking for the opportunity to increase the cost of Health Care for the Poor.

I am writing this to explain my understanding of why the Republicans here in Ohio are asking for the right to increase the cost of health care for the poor is in my opinion to cut the benefit to the poor without appearing to be against them. I believe they wish to appear on the side of the Poor. I also believe the Republicans are truly against the rights for all people who need the help of the Government. I think this ruse will prove the unduing of the people who fall for the trap that appears to lead to owning their health plan. The Republicans are telling the tail that this will help the poor, but it is a ruse to cut the rolls and eliminate members from medicare in Ohio.

Please do not allow this exception waiver of the rules in place to protect the citizens of this United States. Deny Ohio the waiver. Protect the Poor of Ohio.

Sincerely,

Bill
--

William D.Dugger
BillyDDugger@Gmail.com

http://WilliamDugger.Agent@RoboticReturns.com
http://DuggersDailyVitamins.com
http://WilliamDugger.us
(937) 674-7964

"Amateurs tolerate training,
Professionals train until they get it right,
The Elite train until they can't get it wrong."
_____

Zolinski, Sara

From: Joyce Geib <j.geib@me.com>
Sent: Wednesday, May 11, 2016 5:31 PM
To: HealthyOhio
Subject: Medicaid Waiver 1115

TO: Ohio Department of Medicaid
FROM: Joyce A Geib 2280 Woodmill Drive, Westlake Ohio 44145 – a Greater Cleveland Congregation (GCC)
REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver
DATE: May 11,2016

Dear Director McCarthy,

I have personally benefitted from Medicaid expansion in the state of Ohio and do not support, " Healthy Ohio 1115 Medicaid Waiver." I work full-time as a physical therapist at the Cleveland Clinic Foundation and have health insurance. I literally fell ill on December 21, 2015 resulting in a seizure, concussion, head laceration and a return of 2 brain tumors after 26 years of being disease free. This resulted in a need for supervised care at home, a craniotomy to remove the tumors, and radiation therapy to the brain for 6 weeks, 5 times a week. I am a divorced woman with a son in college at the University of Alabama. A childhood friend, Michele Nice, who spent the last 35 years living and working as an elementary school teacher in Seattle recently moved back home to settle in the Lakewood area. While in the process of looking for full time employment, Michele had taken on two seasonal retail jobs in December, both minimum wage positions. These came to an end in early January 2016, at the same time that I was in need of a live in caregiver.
She knew I could not manage alone and became my 24/ 7 caregiver and driver. She did not have health insurance coverage because she was taking care of me. I insisted on her signing up for medicaid and she qualified. I was so relieved. I did not want her to be without health insurance. She has gotten good care through North Coast Health Ministries in Lakewood, Ohio. My health is improving and she is resuming her job search.

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will disrupt coverage for needy Ohioans and increase cost.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. But premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of

health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.

- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the "Healthy Ohio" waiver.

Respectfully,

Joyce A Geib

Zolinski, Sara

From: Sr. Renee Pastor <SrRenee@StFranciscleveland.com>
Sent: Wednesday, May 11, 2016 5:11 PM
To: HealthyOhio
Subject: RE: Don't pass Healthy Ohio 1115 Demonstration Waiver

Follow Up Flag: Follow up
Flag Status: Completed

Thank you so much for your prompt response.
I look forward to reading the report in late June.

May goodness guide your work for the poor of Ohio.

Gratefully,
Renee Pastor

_____
From: HealthyOhio@medicaid.ohio.gov [HealthyOhio@medicaid.ohio.gov]
Sent: Wednesday, May 11, 2016 9:39 AM
To: rpastor@ndec.org
Subject: RE: Don't pass Healthy Ohio 1115 Demonstration Waiver

Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.

We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.

When the waiver is submitted in late June, the department will provide a comprehensive report on all comments that were submitted and include the department's response to these suggestions. At that time, this report will be sent to you.

Bureau of Policy Management and Development Ohio Department of Medicaid

-----Original Message-----
From: Renee Pastor [mailto:rpastor@ndec.org]
Sent: Tuesday, May 10, 2016 9:35 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
Subject: Don't pass Healthy Ohio 1115 Demonstration Waiver

Renee Pastor
7206 Myron Ave.
Cleveland, OH 44103

May 10, 2016

Dear John McCarthy,

For 30 years I have lived and worked in a poverty-stricken area of Cleveland,Ohio. I teach school and have interacted with many good, faith-filled moral, struggling parents and children of the city. They need as much help and supportive health care as we can give them...not complications. Please don't make it even harder for our families to move out of poverty...to try for a better life.

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative

effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Gratefully
Renee Pastor

Zolinski, Sara

From: Jada Brady <jbrady@fcdjfs.franklincountyohio.gov>
Sent: Wednesday, May 11, 2016 10:03 AM
To: HealthyOhio
Subject: Question

Just to be clear, has the comment deadline been extended to the end of the day of Monday, May 16, 2016? Or is it due by midnight, Sunday, May 15, 2016?

Zolinski, Sara

From: Jim and Eileen Burry <jimeileen.burry@gmail.com>
Sent: Wednesday, May 11, 2016 8:09 AM
To: HealthyOhio
Subject: opposition to proposed changes

Dear Director McCarthy,

We are writing to oppose the "Healthy Ohio" 1115 Medicaid Waiver in the belief that it will be costly and result in loss of coverage for large numbers of low- income Ohioans. We were proud of Ohio when it made the decision to expand Medicaid and are now disappointed that we seem to be going backwards.
This waiver would create barriers to access to care for those who need it the most, resulting in negative consequences for everyone. Please reconsider the adoption of this waiver.

Sincerely,
Jim and Eileen Burry
12618 Cedar Rd.
Cleveland Heights, Ohio 44118

Zolinski, Sara

From: Renee Pastor <rpastor@ndec.org>
Sent: Tuesday, May 10, 2016 9:35 PM
To: HealthyOhio
Subject: Don't pass Healthy Ohio 1115 Demonstration Waiver

Renee Pastor
7206 Myron Ave.
Cleveland, OH 44103

May 10, 2016

Dear John McCarthy,

For 30 years I have lived and worked in a poverty-stricken area of Cleveland,Ohio. I teach school and have interacted with many good, faith-filled moral, struggling parents and children of the city. They need as much help and supportive health care as we can give them...not complications. Please don't make it even harder for our families to move out of poverty...to try for a better life.

I stand with Catholic Charities, Diocese of Cleveland to oppose the Healthy Ohio Program 115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical Pacem in Terris, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more

unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
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7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and

strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Gratefully
Renee Pastor

Zolinski, Sara

From: Megan <dejavoo@hotmail.com>
Sent: Tuesday, May 10, 2016 9:20 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

May 10, 2016

Healthy Ohio Program 1115 Demonstration Waiver

Bureau of Health Plan Policy

Ohio Department of Medicaid

50 W Town St., 5th Floor

Columbus OH 43218

Re: Healthy Ohio Program 1115 Demonstration Waiver Request

I am a licensed social worker who is employed by a Medicaid Managed Care Plan. One of my job duties is helping our members with locating community resources that may be able to assist with their everyday needs. Our members are *already* struggling to locate clothing, food pantries, transportation, and pay utility bills.

Instituting a premium for vulnerable Ohioans to pay for healthcare will create a chain reaction. Ultimately, Ohioans will not be able to afford or understand the proposed complicated redesign. As a result, people will be back to utilizing emergency services for primary care, which further burdens our healthcare system and society as a whole. It will also impact those individuals who have private insurance, due to longer lines in the emergency room, because someone cannot afford or understand how to access Medicaid services. One of the main reasons people file for bankruptcy is due to healthcare debt.

On several occasions, I have spoken with males who are new to Medicaid because they were ineligible for many years in the past. I explain which benefits are available to them under Medicaid, such as behavioral health, dental, and optometry. Members are surprised that these benefits are offered without a fee. They have said they are thankful to know that there is no cost, as the cost was the reason they had put off dental or optometry appointments for quite a while.

Something as simple as providing access to optometry can increase the safety in our communities. Some of these people would not be able to see well enough to drive if it wasn't for access to healthcare. Helping one person helps all of society; it's a chain reaction.

I am asking that you do not permit Healthy Ohio to be passed or implemented.

Megan Purcell, MSW, MS, LSW

Licensed Social Worker

Zolinski, Sara

From: jlucic@juno.com
Sent: Tuesday, May 10, 2016 6:48 PM
To: HealthyOhio
Subject: Against Healthy Ohio 1115

To Whom It May Concern,

The Healthy Ohio 1115 Waiver sounds to me like a method of blocking the needy to access to health care.

As a voter and tax payer in the State of Ohio, I do not support it and will make my opinion known at the ballot box in November.

John D. Lucic
1484 Elbur Avenue
Lakewood, OH 44107
216-221-5017

Zolinski, Sara

From: ODH Healthy Ohio
Sent: Tuesday, May 10, 2016 11:49 AM
To: HealthyOhio
Subject: FW: Proposal to charge Medicaid enrollees

Debra Smith
Second Chance Trust Fund
Wishes for Sick Children
Healthy Ohio Business Council
Office of Health Improvement and Wellness
Bureau of Health Services
614-644-8492
www.donatelifeohio.org

From: Denise Parker [mailto:dparker@wchosp.org]
Sent: Tuesday, May 10, 2016 7:40 AM
To: ODH Healthy Ohio <HealthyOhio@odh.ohio.gov>
Subject: Proposal to charge Medicaid enrollees

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After participating in a conference call months ago, and then reading an article in yesterday's Daily Record (Wooster's newspaper), I've given this proposal much thought. I'm not opposed to charging Medicaid recipients something for their coverage, however, I'd like to propose a different way of charging them.

Not wishing to stereotype Medicaid recipients, let me describe what I see as the COO of a multispecialty group practice. Many of the Medicaid recipients seen in our practices, as well as in the Emergency Department (ED), are high utilizers of our services—and "no shows" are predominantly Medicaid recipients (more than 90% of no shows on a monthly basis, despite appointment reminder phone calls). When a patient schedules an appointment and then doesn't show, valuable resources are wasted. Appointment time is assigned, restricting someone else needing an appointment from getting one, and then many times the patient doesn't appear for the appointment.

A number of primary care offices in this area no longer accept Medicaid patients for this reason, and those that do don't have enough appointment slots for the patients needing to be seen. Patients resort to going to the ED, which has seen an exponential increase in visits since the Medicaid expansion went into effect. The vast majority of those visits could be handled by a PCP outside of the ED. Some of the ED visits are the result of a patient not wanting to make an appointment in an office. Rather, immediate gratification is their goal. (And this isn't limited to Medicaid recipients. Younger generations in general would rather visit an ED or urgent care rather than establishing care with a PCP and having to make an appointment.)

To increase accountability and decrease the over-utilization of valuable resources, what about charging a small co-pay per visit (maybe $2-$3 for office visits and $5-$10 for ED visits) rather than a monthly charge? And if we could bill the patient for the copay when appointments aren't kept, patients might think twice before no showing for an appointment and cancel the appointment instead (allowing another patient to use the appointment slot). I believe that charging a copay would result in a decrease in unnecessary utilization of healthcare resources, as patients will think twice before scheduling an appointment or visiting the ED. And the cost to the State of Ohio for the Medicaid program will decrease.

I understand that the goal of Healthy Ohio is to improve the health of Medicaid recipients—an excellent goal—but unless patients show for their appointments their health isn't going to be positively impacted. I believe that charging a copay for visits will have a more immediate impact on accountability than will a monthly charge.

Denise M Parker, BSN, MBA, FACMPE
Chief Operating Officer
Bloomington Medical Services LLC
1761 Beall Avenue
Wooster OH 44691
Office - 330.263.8168
Fax – 330.263.8180

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Zolinski, Sara

From: latosha sadler <latoshasadler124@gmail.com>
Sent: Tuesday, May 10, 2016 11:11 AM
To: HealthyOhio
Subject: Healthy Ohio comments

After hearing about the changes being made to Ohioans healthcare plans I would have to disagree with the proposal. Hardship and people with fixed income could not benefit from this change. Also, co-payments could be used towards personal expenses, such as, toiletries,household items, and groceries.

Sincerely,

Latosha Franklin-Sadler

A Clevelander from Cleveland,Ohio.

Zolinski, Sara

From: Eugene King <king.eugener@gmail.com>
Sent: Monday, May 09, 2016 6:03 PM
To: HealthyOhio
Subject: comments on the proposed 1115 demonstration waiver

I am writing, as a retired legal aid lawyer with 30+ years of experience in Medicaid and Medicaid policy and also as a former long-term member and chair of the Medical Care Advisory Committee, to express my grave concerns about the proposed 1115 waiver for Medicaid in Ohio and to ask you to abandon and reject it.

The Medicaid program provides routine and meaningful access to a full range of health care for low-income Ohioans. This critical safety net provides free and predictable access to most medically necessary services so that recipients can live healthier and more productive lives for their own benefit and for the benefit of the state and all Ohioans.

Creating financial barriers to participation in a poverty program does not make any sense. In fact, any proposed financial barriers should be seen for what they are, intentional efforts to slash the rolls and cut eligibility for thousands of Ohioans who have no other source of health care. Creating a mandatory monthly fee is not about making sure that people have skin in the game - poor Ohioans have skin in the game everyday as they try to make ends meet - it is rather a deliberate heartless strategy to slash Medicaid enrollment.

Public benefits programs such as Medicaid, Supplemental Nutrition Assistance, and Ohio Works First must be designed to: first, accept the situation and conditions of their participants and provide them with the services they need, rather than the services you think they deserve; second, meet the needs of their participants in a manner that enables full participation in the program, rather than creating barriers or challenges to participation; and, third, respect the individuality, dignity and value of all program participants. Any program that does not achieve these criteria will fail in maximizing its benefit to Ohioans and the state.

This proposed waiver fails in each of these three criteria.

First, the proposed waiver is a one-size-fits-all approach to Medicaid. Service providers should take the clients/patients as they find them and provide services in a manner that meets their needs. The proposed waiver does not. With monthly fees and annual and lifetime caps, the state is not providing the services that individuals need, but are shoe horning everyone into the same inappropriate box, regardless of their situations or needs.

Second, the proposed waiver creates barriers to participation by establishing a requirement of monthly payments into a Health Savings Account for all adults, regardless of income. If implemented, this will create an insurmountable barrier for many adults and result in their termination from the program. Remember, this is a poverty program; what could be more ridiculous than creating fees to be permitted to participate in a poverty program. Charging a monthly fee for Medicaid is akin to requiring SNAP recipients to purchase $125 of food every month before being issued their SNAP benefits.

Third, the proposed waiver does not respect the individuality, dignity and value of Ohio's Medicaid participants; rather, it ignores their needs and financial circumstances by demanding that they make monthly payments to a Medicaid HSA. The waiver creates unachievable requirements that will make it impossible for Medicaid recipients to succeed. A policy that makes it impossible for Ohioans to succeed cannot be permitted.

Finally, the residents of Ohio will face greater medical bills if this waiver is approved. As adult Ohioans are cut from the Medicaid program for not making their monthly payments, they will still get sick and need health care. But they will wait until they are sicker before they seek treatment and then will be forced to use hospital emergency departments because most private physician offices cannot afford to serve patients without insurance or the ability to pay. Hospitals will face increased uncompensated care and insurance and medical care costs will rise for all Ohioans. So, this plan does not save money or reduce costs; it merely shifts the costs and conceals them in higher insurance and medical bills.

This proposal is ill conceived, uninformed, and mean spirited. It betrays a disregard and contempt for low-income Ohioans by threatening their health, lives, and family stability, and creates impossible unachievable new requirements that guarantee that many Ohioans will lose their Medicaid eligibility.

For all of these reasons, I ask that you abandon and reject this proposal for an 1115 waiver of the Ohio Medicaid Program.

Sincerely,

Eugene R. King, Esq.

Eugene R. King, Esq.
1954 North Devon Road
Upper Arlington, Ohio 43212
614.937.3097
king.eugener@gmail.com

Zolinski, Sara

From: Melissa D'Orazio <mdorazio@americancoffeeservices.com>
Sent: Monday, May 09, 2016 4:20 PM
To: HealthyOhio
Subject: Healthy Ohio Bill - Comment

Ridiculous to even think to charge welfare medical benefit recipients for their Medicaid. How about changing Food Stamps to more of a WIC program. I'm damn tired of seeing shopping carts full of steaks, lobster, crab, shrimp, soda and junk food being paid for by EBT. Save some money that way.

Melissa D'Orazio
Cleveland Resident
Non-welfare

Zolinski, Sara

From: melody hampton <hampt0ns@embarqmail.com>
Sent: Monday, May 09, 2016 3:09 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

The Healthy Ohio Program 1115 Demonstration Waiver is simply another burden for folks who are sick and struggling trying to get through one day at a time with very limited resources. To put this burden on them may be the breaking point for many. Utilities and food cost are so high it is hard to keep a float as it is right now, For the state to add another payment will simply be more of a burden which many people will not be able to meet those cost. It seems as if the state of Ohio is saying to people on waivers you need to be taught a lesson about responsibilities so you will be punished by making you pay for part of your health care. What state and federal leaders forget is that these programs are paid for by taxpayers money. Many of the people on these programs have paid their fair share into the system prior to their need for this waiver care. They are not children who need uncle Sam to teach them about health care cost and in doing so your demeaning them as if they are too stupid to understand how much their cost of care impacts the State and Federal governments. I think most can remember every cent of tax that they had taken from their paychecks when they worked believing their needs would be supplied with that tax money in their time of need. If the person on the program does not have the ability to take care of their own financials they have a representative who can take care of it for them. These citizens do not need uncle Sam breathing down their necks each month for the agencies poached money. The Healthy Ohio Program 1115 waiver is nothing but the state of Ohio demeaning and trying to teach these people a lesson as to what wonderful things the state of Ohio has given them. The problem is the state of Ohio forgets the fact that they do not have any rights to the money these people get each month by way of the programs they or their parents or spouse paid into for many years in order to secure their care when it is needed. This program and other new Ohio Medicaid programs which require spending accounts out of the Medicaid clients own money is nothing more than theft by those people implementing the programs. I say keep the state and federal governments out of our hard earned money.

I say no to the Healthy Ohio Program and any other programs that steal money from the clients. It is bad enough they get their money and home and other assets when they die but taking it before the person dies is putting the people at risk to become institutionalized.

Melody Hampton
Advocate for Ohio's disabled and aged. OOTF member, OCCL member, Advocates for Ohio's future member UCAN Ohio advocate.

Zolinski, Sara

From: Lim, David (MD) <David.Lim@ketteringhealth.org>
Sent: Monday, May 09, 2016 2:50 PM
To: HealthyOhio
Subject: Health Ohio Opinion

Dear Sirs,
This is my opinion on Health Ohio proposal.
Many people with private employer-assisted health insurances have preventive care incentives in the form of premium discount. They are being held accountable for their own initiatives and for preventive healthcare with health maintenance.
The compliance of Medicaid recipient with making or keeping appointment with their primary care physician had been dismal at best. In addition, their proportional visits to the emergency department had been high for various reasons. I believe the proposal on Health Ohio encourages ownership and buy-in from the Medicaid recipients.
I can totally sympathize with the dilemma of some of the Medicaid recipients who are burdened with excessive debts. However, the proposed additional premium, if partially funded by stake-holder parties, amounts to approximately $2 per month with incentive of "HSA" like deposit of $1000 per year for the recipient to spend. I believe this is a very reasonable and doable cost with significant benefit while encouraging compliance and buy-in.
I wholeheartedly support the Health Ohio proposal.
After all, we can do much better than the present Medicaid healthcare results.
Respectfully,
David Lim

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Zolinski, Sara

From: ODH Healthy Ohio
Sent: Monday, May 09, 2016 11:07 AM
To: HealthyOhio
Subject: FW: Public Comments on The Payment for Medicaid

Debra Smith
Second Chance Trust Fund
Wishes for Sick Children
Healthy Ohio Business Council
Office of Health Improvement and Wellness
Bureau of Health Services
614-644-8492
www.donatelifeohio.org

From: Kelly Elko [mailto:ka_elko@yahoo.com]
Sent: Monday, May 09, 2016 10:58 AM
To: ODH Healthy Ohio <HealthyOhio@odh.ohio.gov>
Subject: Public Comments on The Payment for Medicaid

Hello,

I didn't see anywhere on your website for comments regarding the proposed fees for certain people who are on the Medicaid Program.

I believe that all people deserve access to healthcare, preventative and emergency care. I also believe nothing in life is free and allowing consumers free healthcare is not a healthy situation. It encourages dependency and a sense of entitlement. It is not free, only free to them.

I have worked in social services with homeless individuals and families my entire life. I have also struggled with healthcare bills my entire life. I do not pursue medical care because I know what my insurance will and will not cover. I cannot afford to pay $300 + for a MRI. I cannot pay $45 for a visit to a physical therapist.

I do not suggest that everyone pay for the Medicaid Program, there are some people who are and will always be in a situation to need help from the government whether it is Food Stamps, mental healthcare, addiction services, healthcare, childcare and/or transportation.

I watch participants who are on the Medicaid Program go merrily on their way paying nothing for prescriptions and advanced tests to ensure their health care needs which would cost me or my elderly father $100's of dollars a month or more.

I have observed that many of the people on the Medicaid Program do not even realize what they are getting for free and they often have the idea that people not receiving assistance are millionaires and have no health problems that can't be treated because of the lack of money.

Asking someone to pay a bare minimum for all of the services that tax dollars provide them for free is not too much to ask.

Another objection has been that paying fees for the Medicaid Program would be too confusing for many to navigate. To that the answer is quite simple - stop making it confusing. I have a Masters degree and I cannot understand the rules and regulation of the many programs provided by Medicare, Medicaid, HUD etc.

People who work in the social services field are often berated by others for insufficiently "not meeting the client where they are" and treating human beings "like a number". Well, if the supposed wise people at the top who make the decisions, rules and regulations that others have to follow, why is it not possible for them to create programs that "meet people where they are" and don't "treat people like a number". Mind numbing, complex regulations and overwhelming paperwork create this environment.

That is all that I can say on this. I hope that the state of Ohio can strike a balanced, non-punitive arrangement for the people who access the Medicaid Program.

Thank you,

Kelly A. Elko

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Zolinski, Sara

From: revfaass@aol.com
Sent: Monday, May 09, 2016 10:26 AM
To: HealthyOhio
Subject: Proposed "Healthy Ohio"

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I am the rector of Christ Episcopal Church in Shaker Heights, which will soon be part of Greater Cleveland Congregations ("GCC"). GCC provided leadership and worked with others throughout the state to encourage Medicaid expansion in 2014.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** in our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example).
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,

The Rev. Peter Faass
Rector
Christ Episcopal Church
3445 Warrensville Center Rd.
Shaker Heights, OH 44122

Zolinski, Sara

From: Ken Frisof <kenfrisof@gmail.com>
Sent: Monday, May 09, 2016 9:05 AM
To: HealthyOhio
Subject: Public Comment on the Healthy Ohio Waiver proposal

Dear Director McCarthy,

I write as a recently retired family physician, who spent four decades of practice serving the poor, first in Detroit and then for three decades in Cleveland at MetroHealth.

I am afraid that the General Assembly has given you a thankless task to try to fashion a waiver request not motivated by a commitment to quality care, but rather to fit a set of ideological presuppositions about personal responsibility and financial skin in the game.

Metro and other institutions have struggled with these issues for years, instituting modest copays for the uninsured, based on income. We have always had systems that created exceptions based on decisions by the providers because of clinical need.

Taking Medicaid insurance away after two months of nonpayment of a premium creates a major **financial barrier to care.** People won't come back when they get a letter from your Department saying they don't have insurance, so the urgency of their health needs can't be evaluated. I can't tell you how many times in practice I was dismayed when patients with chronic disease came back after not getting care for a year or two because they lost their insurance, Medicaid or employer-sponsored. They apparently didn't understand that Metro, our public hospital, provided free or low cost care to all in the County.

Nor can I tell you how many times I loaned $5 or $10 to patients until the next visit so they could pick up their medicines.

The administrative costs of the new waiver proposal deserve a detailed study. Not only will the implementation of the debit card cost the Department more than the value they offer, but the costs to institutions providing care to these patients will be great - both in dollars and in wasted time trying to stay legal in handling messy human interactions.

Medicaid is an important component of Ohio's health care system. Sure it can be improved, as you know better than I. But the steps laid out in the current waiver point in the wrong direction. The create obstacles instead of smoothing the path to quality care for the especially needy populations Medicaid serves.

Kenneth B. Frisof MD

Zolinski, Sara

From: plantagenis@Safe-mail.net
Sent: Monday, May 09, 2016 8:57 AM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver.

This is one of the most cynical, misguided and cruel programs the General Assembly has ever created. You ask people who are already poor, existing on incomes that, in many cases, can't even pay for healthy groceries, and you ask them to exist on even less in order to have health care! This shows to me just how out of touch our elected officials truly are with the current state of reality. Perhaps those of you who sponsor this plan should spend a year trying to live on the wages of those on Medicaid before you start telling them how easily they can live on less. Obviously, I am completely and totally *against* this proposed policy going into effect and *will* vote against anyone who supports it.

Philip E.L. Greene

Fairborn, OH 45324

And, in the end
The Love you take
Is equal
To the Love you make

Zolinski, Sara

From: ODH Healthy Ohio
Sent: Monday, May 09, 2016 8:28 AM
To: HealthyOhio
Subject: FW: Medicaid

Debra Smith
Second Chance Trust Fund
Wishes for Sick Children
Healthy Ohio Business Council
Office of Health Improvement and Wellness Bureau of Health Services
614-644-8492
www.donatelifeohio.org

-----Original Message-----
From: Heath [mailto:heathblackard@hotmail.com]
Sent: Sunday, May 08, 2016 10:48 AM
To: ODH Healthy Ohio <HealthyOhio@odh.ohio.gov>
Subject: Medicaid

Please do not require Medicaid patients to pay fees for access to health care.

Thank you for your consideration,

-Heath Blackard
Sent from my iPhone
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Zolinski, Sara

From: anne pillot <a_pillot@yahoo.com>
Sent: Sunday, May 08, 2016 2:53 PM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Healthy Ohio Medicaid - comment

Dear Director McCarthy,

I oppose the "Healthy Ohio" Medicaid Waiver. It will make health care unaffordable for low income Ohioans on Medicaid. It will hurt the progress Ohio has made in increasing access to health care.

I am a middle-income resident in the Cleveland area. Cleveland is experiencing severe poverty. Many working residents struggle to pay for both rent and food, due to low wage jobs. They have no money for anything else.

Why would we take a step backwards with a proposal that will cause those who gained health coverage to now loose it? "Healthy Ohio" will create barriers to access to care for more than 1 million Medicaid eligible Ohioans.

All people must be treated equally. Government officials with high salaries and generous benefits must realize that low-income residents are also working hard to support themselves and their families. We cannot punish them for hard work at minimum wage, by requiring costs that they cannot afford. I oppose the Healthy Ohio waiver.

Respectfully,
Anne Pillot

Anne Pillot
Graphic Design + Communications
Anne Pillot Creative, LLC

216.213.9759 studio cell / eastern
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a_pillot@yahoo.com
Like on Facebook

Zolinski, Sara

From: rmaitland@zoominternet.net
Sent: Sunday, May 08, 2016 10:26 AM
To: HealthyOhio
Subject: Healthy Ohio 1115 Demonstration Waiver

Director McCarthy:

I am writing in opposition to the Healthy Ohio 1115 Demonstration Waiver. At the Medina County Jobs and Family Services breakfast I spoke about collecting furniture donations and placing them with over 120 low income families in 2015. What I did not explain, is that I suffer from mental illness in the form of depression. Through no fault of my own my brain no longer produces the right balance of chemicals. I thank God every day that I can afford medications which allow me to function as normal as possible. Without them I cannot think or sleep, and I can do little more than exist. I think this program will damage many people's chances of becoming healthy enough to get better jobs and get off subsidies.

The program appears to require a minimal monthly contribution for annual income levels of $16,394 down to $1,188. If they miss one month, they are dropped from the program and have to jump through hoops to get back in. Those contributions might mean the difference between getting their medications or not. I just gave a family $420 to restore their electricity. Can they afford it? I just helped a lady store her possessions and become homeless. What mailing address should she use? I know a low income person rationing insulin due to unforeseen expenses. Can he afford it?

“Having Skin in the Game” is one of the reasons for plan payments. Supposedly patients will make better choices, when using medical providers. Really? I challenge you to ask your doctor what a procedure costs. I have to have a lump removed from my neck. They cannot tell me, what it will cost. Should I have it done?

I spoke of treating people with dignity. This plan punishes them for the sin of being poor.

Sincerely,
Ron Maitland

432 Lafayette Rd.

Medina, Ohio 44256

330-304-9974

Zolinski, Sara

From: Aaron D. Marks <aarondavidmarks@gmail.com>
Sent: Saturday, May 07, 2016 12:26 PM
To: HealthyOhio
Subject: New plan

To whom it may concern,

I am writing to oppose adding the annual premium to Medicaid. I currently get health insurance through my company and pay hundreds of dollars a month. So this does not directly affect me. I only mention this to let you know that I am coming to you without a biased opinion.

Adding a premium will create a road block for our most vulnerable population, making it more difficult to obtain health coverage. These people will still get sick and this will put them back in the ER's and in turn end up closing us more.

This is strictly a political move and it's unacceptable.

Aaron D. Marks
216.780.4030

Sent from my iPhone

Zolinski, Sara

From: jenniferchandler2012 <jenniferchandler2012@gmail.com>
Sent: Saturday, May 07, 2016 9:34 AM
To: HealthyOhio
Subject: Medicaid

As a single working mother of two children one having special needs. My employer does not offer health coverage and Medicaid coverage is so important for my family. Both my children have asthma and without medical coverage their routine meds cost over $800 a month. Paying a premium for medicaid would seriously be a financial burden because all my pay goes for food and housing to add another bill, I'd seriously have to get a 2nd job on top of the one i have and attending college. I get zero child support from their dad who owes $47,000 in back support.
If could afford a premium i wouldn't be on medicaid. Please take in to consideration the financial burden that it would effect on the working class of poor people. Not to mention the people on SSDI living on a set income. I understand cutting cost but not when it comes to the health of your fellow people.

Sent from my Boost Mobile Phone.

Zolinski, Sara

From: crtmrrbrd@aol.com
Sent: Saturday, May 07, 2016 9:14 AM
To: HealthyOhio
Subject: Changes to Ohio Medicaid

Dear Sir or Madame:

I am a family physician currently practicing Addiction Medicine in Ohio. My recovering opiate addicted patients are some of the hardest working taxpayers you'll ever find--most of them more than 40 hours per week, many 60-70 hours. They ARE being responsible. Medicaid has been really important in helping them get back on their feet and for those who still qualify, staying on their feet. Please do not cut it in any way! A healthier workforce at the bottom is a workforce that can work their way up. My patients are living proof.

Sincerely,

Mary Anne Curtiss, M.D.
3608 Duluth Ave.
Cincinnati OH 45220-1202
(513) 751-1047
crtmrrbrd@aol.com

Zolinski, Sara

From: Laurie Taggart <lorisglo@aol.com>
Sent: Saturday, May 07, 2016 7:41 AM
To: HealthyOhio
Subject: Premium

Please do not charge a premium to Medicaid recipients.

Zolinski, Sara

From: La'Nard Overstreet <kuttmannlost149@gmail.com>
Sent: Friday, May 06, 2016 9:21 PM
To: HealthyOhio

The day after Mother'sDay I'll be 67 years old and I suffer with R A if I could work I would can not because of my RA

Zolinski, Sara

From: denton1969@aol.com
Sent: Friday, May 06, 2016 9:17 PM
To: HealthyOhio
Subject: Proposed medicaid expansion

As I understand it, some of the proposed medicaid expansion plans will drive people deeper into poverty, not out of it. Poverty reduction is frequently perceived as simply making it harder for people in poverty to get assistance and then they will magically jump through imposed hoops and be self sufficient. The road out of poverty is much more complex and is not attained with punitive measures.

My entire career has involved working with people in poverty. Upon retirement, I helped introduce the Bridges out of Poverty initiative in Summit County, which is designed to involve the entire community (including those in poverty) to alleviate poverty. Perhaps the Ohio legislature should explore Bridges more carefully and then we could all work together to work with people striving to get out of poverty.

Rev. Douglas Denton
Stow, Ohio

Zolinski, Sara

From: Katie DeMore <katiedemore@aol.com>
Sent: Friday, May 06, 2016 6:53 PM
To: HealthyOhio
Subject: Please don't enact Healthy Ohio

To whom it may concern: I am watching my local news and just heard that Medicaid recipients may have to pay premiums beginning in 2018. I am a recipient of Medicaid who would fall under the new rules and I disagree with the proposal. I am an example of "life happens" and would be unable to afford the change. I was attending graduate school, planning on, if not a lucrative career, one that I had always dreamed of doing and earning excellent grades. Fast forward 2.5 years, I was dismissed from my program through no fault of my own due to the effects of a neurological disability; it was completely legal and my student loans were not dischargable. I found myself emotionally crushed, in need of psychological services I couldn't afford, drowning in debt, and unemployed with no work experience because I pursued academia. As much as I hated the idea of having to depend on government assistance of any kind, I had no choice. I live with my single mother who had recently retired and I had no income. She's supporting both of us on her savings. It took me 13 months of searching to finally find a temporary, part-time, minimum wage position that lasted only 3 weeks. Now I'm unemployed again. Even if I were to apply for SSDI, my chances of receiving it would be slim and could take years. Because my disability is neurological, I am considered able-bodied. The only way to have my student loans discharged would be to have a doctor declare me permanently and profoundly disabled (unable to do any type of work) and I'm not comfortable referring to myself in those terms. I want more than anything to be able to work and support myself without assistance, but it's not possible right now. I also require medication daily and frequent follow-ups with a specialist. Without insurance, the medications are over $200 a month and I don't even want to think of how expensive the appointments and tests would be. Without both medication and follow-ups, I could go blind. I can't go years without healthcare for my vision or otherwise, but this change would mean being forced to do so and it's not because I'm lazy. I never wanted to require government assistance, but life happens. Not everyone who depends on services does so because they're irresponsible,lazy, or entitled. I'm hoping that, by the time these changes take effect (if approved), I will no longer require Medicaid support, but I can't imagine what would've happened if Governor Kasich hadn't gotten the extension approved; it's the only way I qualified for help I depend on. Even if I no longer need it by the time these changes take effect, there will be countless others who find themselves in a situation like mine who will be left without the only option I was lucky enough to have. Please don't ask those low or no-income Ohioans to pay money they don't have for basic and necessary healthcare coverage that some can't survive without.

Zolinski, Sara

From: ODH Healthy Ohio
Sent: Friday, May 06, 2016 11:59 AM
To: HealthyOhio
Subject: FW: Ohio Waiver

For you!

Debra Smith
Second Chance Trust Fund
Wishes for Sick Children
Healthy Ohio Business Council
Office of Health Improvement and Wellness
Bureau of Health Services
614-644-8492
www.donatelifeohio.org

From: Alice Stadler [mailto:alicestadler@gmail.com]
Sent: Friday, May 06, 2016 10:59 AM
To: ODH Healthy Ohio <HealthyOhio@odh.ohio.gov>
Subject: Ohio Waiver

Dear Legislators,
Do not pass the Ohio Waiver that would cause the most poor Ohio people that live in poverty--those most unable to pay for their medical care--to pay more of their medical costs. Many of them would be unable to stay on their medical plan. Then their health, both medical and dental would deteriorate. This would especially hurt the children. These children and families have too many problems already without making their medical care unaffordable or causing them to drop their medical plans.
Alice Stadler, senior citizen 86 years old and caring

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Zolinski, Sara

From: Cindy Minton <mintonc@daybreakdayton.org>
Sent: Friday, May 06, 2016 10:25 AM
To: HealthyOhio
Subject: Comments on New Health Plan

Honorable Representaives

I have been working with homeless youth for 15 years at a regional homeless shelter. We serve more than 1000 youth each year. Most of these youth have complex trauma and have had extremely poor or absent medical care. They come to us with a variety of untreated medical conditions ranging from diabetes, epilepsy, cancer, STD, HIV/AIDS and many other conditions. The first thing we do is to help them obtain Medicaid and to find medical care. This has resulted in hundreds if not thousands of visits to the Emergency Room prevented.

The new plan being proposed will easily result in thousands unable to handle the red tape and requirements to maintain medicaid. They have already given up - they are homeless, no family, no security or stability, no high school degree and worn out by their unstable and traumatic lives. This law is punitive and will be very costly financially to the State of Ohio. It will result in frustrated State employees, gridlock in an already overworked public service system, loss of funds for agencies who are currently reimbursed through the medicaid system and ultimately loss of lives and health.

It is a serious injustice, a serious mistake and ultimately a serious financial error.

Cindy Minton, Chief Program Officer/Clinical Director
Daybreak

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Zolinski, Sara

From: fciani@woh.rr.com
Sent: Friday, May 06, 2016 9:34 AM
To: HealthyOhio
Subject: Healthy Ohio

Healthy Ohio is an elaborate scam with a misleading name designed to reduce Ohio's neediest citizens access to Medicaid coverage.

In addition to raising the cost of health insurance coverage for those who are least able to afford it, the proposed changes to Medicaid adds tons of unnecessary government rules and regulations to an already too complicated system.

Moreover, like so many of the hair-brained, overly restrictive schemes our "Small Government" Legislature and Governor have perpetrated against local governments and individual Ohio citizens, it is small minded, petty, and counter productive. It is also ineffective unless, of course, the goal is to throw citizens off Medicaid, and it's pretty clear that reducing Medicaid enrollment is the real goal.

A moral legislator would never sign on to such a deceptive and harmful bill, and a moral Governor would surely veto it. Good luck on those options.

Frank Ciani
Kettering Ohio

Zolinski, Sara

From: dennis fraley <fraleydennis@yahoo.com>
Sent: Friday, May 06, 2016 8:21 AM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

I object strongly to this proposal! It disingenuously attacks the best part of the ACA! The poor and working poor shall be devastated and forced to pay for something they must have which results in these persons deciding (for example) whether to pay the water bill or keep their insurance! This is a very very BAD idea! No waiver should be granted at all!

Dennis Fraley PH: ***740-727-5329*** (home) and **740-981-9726** (my cell)
71 S Preston St
Portsmouth OH 45662-5773

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Thursday, May 05, 2016 11:22 PM
To: HealthyOhio
Subject: Re: Heallhy Ohio, 1915(I) waiver and Value Based Services

They are planning to get rid of the fee for service and replace it with 'value based services' where THEY decide if the doctor is doing what they think is best.

Medicaid

Through HIO, the founders envision bringing Medicaid managed care members the healthy benefits of aligned, coordinated care by working collaboratively with Medicaid managed care contractors and aligning incentives through pay-for-performance and shared-savings contracts.

http://www.healthinnovationsohio.com/uploads/HIO_QA_090413.pdf

thank you.

Lynne Thomas

On Thu, May 5, 2016 at 7:41 AM, HealthyOhio@medicaid.ohio.gov <HealthyOhio@medicaid.ohio.gov> wrote:

> Ms. Thomas,
>
> I am not certain what program you are referring to with the phrase "value based system. If you could provide me with more detail, I can find the program you are looking for.
>
> Bureau of Policy Management and Development
>
> Ohio Department of Medicaid
>
> **From:** lynne a [mailto:jaylynhushmail@gmail.com]
> **Sent:** Wednesday, May 04, 2016 10:46 PM
> **To:** HealthyOhio <HealthyOhio@medicaid.ohio.gov>
> **Subject:** Re: Heallhy Ohio, 1915(I) waiver and Value Based Services
>
> Where can I comment on the value based system? Thank you.

Lynne Thomas

On Tue, May 3, 2016 at 7:31 AM, HealthyOhio@medicaid.ohio.gov <HealthyOhio@medicaid.ohio.gov> wrote:

Ms. Thomas,

Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.

We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.

Bureau of Policy Management and Development

Ohio Department of Medicaid

From: lynne a [mailto:jaylynhushmail@gmail.com]
Sent: Monday, May 02, 2016 9:52 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>; info@uhcanohio.org
Subject: Heallhy Ohio, 1915(I) waiver and Value Based Services

Healthy Ohio 1115 Demonstration Program, 1915(i) Waiver and Value Based Service
The Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215
Date: April 21, 2016

Director McCarthy,
Thank-you for providing this opportunity for UHCAN Ohio, consumers and other stakeholders to provide input on Ohio's Healthy Ohio waiver proposal, the 1915(i) waiver and value based services.

Speaking primarily for the severely mentally ill: These Ohioans don't have extra income. And any premiums would be difficult for them to pay. My daughter is severely mentally ill and on the Ohio Home Care Waiver (mycare).
This is how the following will affect her:

The Healthy Ohio Program: My daughter goes to food pantries and family for extra food. She cannot afford copays for medicines and medical care. Welfare is the lowest payment one can receive. How can they afford this? They will lose services, not be able to get medications, etc.

The same is true of the **1915(i) waiver and value based services**. 1915(i) wants to reduce psych medications. It took years for my daughter to get stable on her meds with her doctors. Before she was institutionalized. If she loses any of her meds or doctors she trusts, she could likely become psychotic. You need only turn on the news to see how this

could end. Any changes in these patient's care would be a tragedy!!! With the fee for service leaving, doctors WILL stop seeing patients. Then what? You (I've heard) plan to fund a clinic for patients. They would have to change doctors and reduce meds and become unstable and institutionalized. THAT will cost the state far more than leaving the mentally ill keep their current treatment, without copays, without reductions in medications, without changing doctors…remember please that Paranoid Schizophrenia is just that….they are paranoid and changing practitioners they've spent years coming to trust will not work. It's not like you or I changing PCP's or ENT's.

I ask you to spend time with these people and understand the effects of these proposed laws/rules/waivers before making others face the disaster of the results of these programs.

Thank you for your time.

Lynne Thomas, POA of a Schizophrenic with additional disabilities

Zolinski, Sara

From: Jesse Maxwell <jessemaxwell79@gmail.com>
Sent: Thursday, May 05, 2016 10:15 PM
To: HealthyOhio
Subject: My comment on Medicaid

Hello my name is Jesse Maxwell, a 36 year old male with Sickle Cell Anemia. I am writing to save Medicaid, which helps my health greatly and to maintain my well-being for a long time now. I know personally that without Medicaid, I would constantly be hospitalized and have poor dental hygiene. Please do all that you can to keep people like me healthy, thank you!

Zolinski, Sara

From: ezy1106@aol.com
Sent: Thursday, May 05, 2016 5:49 PM
To: HealthyOhio
Subject: SAVE MEDICAID, DENY GOV. KASICH'S REQUEST

On behalf of millions of Ohioans, this message is a request for your denial to Gov. John Kasich and other Ohio legislator's request to allow changes to Medicaid that could cause over a million Ohioans to lose coverage.

During his speech to suspend his campaign for president, Gov. Kasich stated that the people of this country changed him…for the better. I ask you remind him of this statement, and if it is true, he will not harm the lives of millions by taking steps to remove Medicaid coverage.

Concerned Ohioan

Zolinski, Sara

From: Christopher Richards <christopherdrichards@outlook.com>
Sent: Thursday, May 05, 2016 4:50 PM
To: HealthyOhio
Subject: Changes to Medicaid

I am writing because I've learned about a series of proposed changes to how Medicaid works in the State of Ohio, and I want to voice my strong disapproval. These changes will be harmful to the people of this state and will hurt the much-needed efforts to keep Ohio growing and prosperous.

These changes will make healthcare significantly harder, if not impossible, for many of Ohio's most vulnerable people to access. I work every day with people who are poor or struggling financially. My students are adults trying to make their lives better, but many of them struggle to pay even small fees because their income is so limited. $8.25 may not sound like much to those who have a healthy income, but I assure you that there are thousands and thousands of Ohioans throughout the state for whom this is too high a barrier. The entire point of the Medicaid program was to offer a safety net because we understand that there are people who aren't able to support themselves. There have always been people in need, and there always will be.

The question I ask is "What kind of people are we?"

Would we put these people out for the sake of a few extra dollars? This small fee will ruin some people's lives. That's not hyperbole; there are people who will suffer immeasurably because of this. And while it's true that some might find fault with how those folks live, it is cruel and un-American to let someone suffer and die because we're uncomfortable with how that person lives. I cannot understand how a person of good conscience can do that.

I understand that the people supporting this bill claim that they want to support more "responsibility." If they would like to fund classes or offer workshops to teach poor Ohioans these skills, they'd find tens of thousands ready to attend them. It's not a lack of responsibility that pushes people onto government assistance. It is, instead, a complex number of problems, some more obvious than others, that trap generations of families in a cycle of poverty. The way out is through supporting education and personal growth, but people won't be able to educate themselves if even the barest of basic health care support is stripped away from them. These changes show that those in charge of the future of this state simply do not understand the needs of hundreds of thousands of Ohioans whom they are supposed to represent and serve.

And even if we're so selfish and callous as to still think that these changes are worth making, all to save some money on the backs of our most vulnerable neighbors, it would be wise to consider how this will appear to those outside of Ohio. Being from Cleveland, I see how powerful and important the influx of young, smart people really is. Do you think those people will want to come to Ohio as much if we're seen as the state that is trying to kick the poor off of Medicaid?

This will make it harder for businesses in Ohio to attract the people we need to keep moving here to help the state grow and prosper. Look no further than the negative reactions from hundreds of companies to North Carolina's bathroom laws, and you will see the potential cost of passing a bill like this can have on a state. Indiana lost something approaching $60 million in Indianapolis alone in the first year after they passed that measure. Ohio cannot afford to stunt the growth that's finally allowing us to advance out from the decades-long decline that's plagued the rust belt's largest cities and communities, nor can the people in rural Ohio afford to lose their access to vital healthcare.

These changes are a mistake, both because they do a disservice to Ohio's thousands of citizens, whether they're on Medicaid or not, and because they send the message that Ohio is an unwelcome, regressive place that's willing to play culture war politics with people's lives.
Please, think about the vulnerable and truly desperate people whose lives risk being destroyed by these changes. And if not for them, consider the economic and political implications of such a rash, politically divisive change.

Thank you for your consideration, and I hope you'll do the right thing. If you'd like to speak with me more about this, I can be reached at this email address or would be willing to speak by phone.

~Chris Richards~

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Wednesday, May 04, 2016 10:46 PM
To: HealthyOhio
Subject: Re: Heallhy Ohio, 1915(I) waiver and Value Based Services

Where can I comment on the value based system? Thank you.
Lynne Thomas

On Tue, May 3, 2016 at 7:31 AM, HealthyOhio@medicaid.ohio.gov <HealthyOhio@medicaid.ohio.gov> wrote:

Ms. Thomas,

Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.

We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.

Bureau of Policy Management and Development

Ohio Department of Medicaid

From: lynne a [mailto:jaylynhushmail@gmail.com]
Sent: Monday, May 02, 2016 9:52 PM
To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>; info@uhcanohio.org
Subject: Heallhy Ohio, 1915(I) waiver and Value Based Services

Healthy Ohio 1115 Demonstration Program, 1915(i) Waiver and Value Based Service
The Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215
Date: April 21, 2016

Director McCarthy,
Thank-you for providing this opportunity for UHCAN Ohio, consumers and other stakeholders to provide input on Ohio's Healthy Ohio waiver proposal, the 1915(i) waiver and value based services.

Speaking primarily for the severely mentally ill: These Ohioans don't have extra income. And any premiums would be difficult for them to pay. My daughter is severely mentally ill and on the Ohio Home Care Waiver (mycare).
This is how the following will affect her:

The Healthy Ohio Program: My daughter goes to food pantries and family for extra food. She cannot afford copays for medicines and medical care. Welfare is the lowest payment one can receive. How can they afford this? They will lose services, not be able to get medications, etc.

The same is true of the **1915(i) waiver and value based services**. 1915(i) wants to reduce psych medications. It took years for my daughter to get stable on her meds with her doctors. Before she was institutionalized. If she loses any of her meds or doctors she trusts, she could likely become psychotic. You need only turn on the news to see how this could end. Any changes in these patient's care would be a tragedy!!! With the fee for service leaving, doctors WILL stop seeing patients. Then what? You (I've heard) plan to fund a clinic for patients. They would have to change doctors and reduce meds and become unstable and institutionalized. THAT will cost the state far more than leaving the mentally ill keep their current treatment, without copays, without reductions in medications, without changing doctors…remember please that Paranoid Schizophrenia is just that….they are paranoid and changing practitioners they've spent years coming to trust will not work. It's not like you or I changing PCP's or ENT's.

I ask you to spend time with these people and understand the effects of these proposed laws/rules/waivers before making others face the disaster of the results of these programs.

Thank you for your time.

Lynne Thomas, POA of a Schizophrenic with additional disabilities

Zolinski, Sara

From: Galebrom@aol.com
Sent: Wednesday, May 04, 2016 8:52 PM
To: HealthyOhio
Cc: eklund@ohiosenate.gov; Young, Ron
Subject: Proposed Changes to Ohio's Medicaid Program

I oppose the waiver of the current Medicaid program requirements here in Ohio. The result would be devastating to thousands of our citizens. Struggling families do not need to add the absence of available health care to their full plate of stressors. They need to keep their jobs, find better jobs and manage other critical aspects of getting through the day.

It was brilliant of the Governor to support medicaid expansion. Some 640,000 Ohioans were able to receive coverage as a result. Few of these people could afford premiums and thus, would cease to have coverage. In other states premiums have led to drops in enrollment. In Oregon, for example, they led to a reduction of 77% in enrollment.

This is counterproductive. Healthy people are more productive. Health problems lead to job losses that lead to deeper poverty.

Health savings accounts are and always have been an idea that might work for the wealthy but not for our expanding low middle class and for sure not for the poor. By now that should be patently obvious to all.

Let's not go any further with this idea that the proposed "Healthy Ohio" 115 Medicaid Waiver" should be implemented in our state.

Gale Bromelmeier
2250 Par Lane PH-7
Willoughby Hills OH 44094

Zolinski, Sara

From: Arthur Lieberman <a.lieberman@roadrunner.com>
Sent: Wednesday, May 04, 2016 8:46 PM
To: HealthyOhio
Subject: medicaid

TO: Ohio Department of Medicaid

FROM: Arthur LIeberman-4125 Giles Road, Moreland Hills, OH 44022– a member of Greater Cleveland Congregations (GCC)

REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

DATE: May 4, 2016

Dear Director McCarthy,

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will disrupt coverage for needy Ohioans and increase cost.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. But premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.

- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the "Healthy Ohio" waiver.

Respectfully,

Arthur Lieberman

Zolinski, Sara

From: Charles Garven <cgarven@nfpmedcenter.org>
Sent: Wednesday, May 04, 2016 4:01 PM
To: HealthyOhio
Subject: Healthy Ohio Waiver

Dear Director McCarthy,

I am writing to express my concern about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

I am a physician at Neighborhood Family Practice in Cleveland. I am a full time provider for the patients that reside in many of the near west side of Cleveland's neighborhoods—a patient population that is overwhelmingly Medicaid utilizers.
My opposition to the 1115 waiver as written stems from my values and beliefs that:
The United Sates ought to stand for the right that each of its citizens has access to affordable quality health care.
As a matter of economic justice, financial barriers to receiving care should be minimized for everyone, especially people with low incomes.

The small monthly fee being charged patients can be a burden for those living paycheck to paycheck with unexpected emergency expenses. Falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid.

This waiver will only limit access for patients to providers in their areas. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staffs of institutions serving Medicaid patients, as well as the managed care companies in which the patients are enrolled.

This waiver will fall in line with past evaluations of similar processes. Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly 'contributions' under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates. States like Arkansas have recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to 'prepare' people for the commercial market. I am of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. With high deductibles and health savings accounts, the U.S. will go from a crisis of the uninsured to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, I will recommend to CMS to reject this proposal in its entirety.

Respectfully,

Charles James Garven, MD, MPH

_____

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recipient is strictly prohibited. If you have received this message in error, please e-mail the sender and destroy all copies of this message and any attachments.

Zolinski, Sara

From: Mary Sue Gmeiner <msgmeiner@yahoo.com>
Sent: Tuesday, May 03, 2016 12:35 PM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Medicaid Waiver

It is hard to believe that their are proposed changes to Medicaid that would require people who have no income, or very low income, to pay into a health savings account in order to get services. They wouldn't be using Medicaid in the first place if they could afford any other option.

The way to decrease health care costs in Ohio is to make more services available, especially preventive services, and educate about healthy lifestyles. Promote grocery stores in food deserts, and help people get the type of nutrition they need. Provide free screenings in low income neighborhoods at hours and locations that will reach everyone.

I oppose changes that would require Medicaid recipients to pay for their services.

Mary Sue Gmeiner
1418 Arbor Ave.
Dayton, OH 45420

Zolinski, Sara

From: Johnie Rose <jxr109@case.edu>
Sent: Tuesday, May 03, 2016 11:21 AM
To: HealthyOhio
Subject: Healthy Ohio Waiver Proposal

Director McCarthy,

I am writing to urge you to withdraw the Healthy Ohio Medicaid Waiver proposal.

I am an epidemiologist and preventive medicine/public health physician in the Dept of Family Medicine and Community Health at Case Western Reserve University School of Medicine/University Hospitals Case Medical Center. Much of my research and speaking involves health services delivery, health policy, and health economics.

Evidence does not support the wisdom of erecting financial barriers (however low they may seem from a middle-class perspective) to receiving care from a consistent source among low-income individuals. While the idea of putting these people's 'skin in the game' seems logical and has a visceral appeal, I fear the outcomes would be disastrous from a public health standpoint, from a financial standpoint, and in terms of the image of our state. We would be joining the ranks of Arkansas whose short-sighted program for health savings accounts and cost-sharing requirements for Medicaid enrolleees below 100% FPL was just abandoned because of the associated administrative complexity and cost.

The cynic would see the Healthy Ohio waiver proposal as a thinly-disguised attempt at widespread disenrollment in the wake of a Medicaid expansion that was unpopular among Ohio conservatives. While I'm not a cynic, I do think that disenrollment and the accompanying health consequences will be the inevitable result. From the provider perspective, the administrative burden imposed by this program will be but one more reason for doctorrs to limit the services they provide to medicaid beneficiaries. Beyond the ethical arguments, there is long-term cost. Today's Medicaid eligible patient without a consistent source of care is tomorrow's emergency department patient presenting with costly, advanced preventable disease.

Thanks for your time,

--
Johnie Rose, MD, PhD
Assistant Professor
Program Director, Preventive Medicine Residency
Dept. of Family Medicine and Community Health, Div. of Research
Case Western Reserve University School of Medicine
V 216-368-6860
F 216-368-4348

Zolinski, Sara

From: Kelli Owens <kowens@co.wyandot.oh.us>
Sent: Tuesday, May 03, 2016 10:04 AM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Health Ohio Waiver

To Whom It May Concern:

I have been on the billing end of health care for almost 30 years. In an overall concept, I like what you have proposed but I feel that people will drop their benefits and go without insurance and treatment. The majority of people on Medicaid, in my experience, are on it because they don't have to do anything and get everything paid for. I literally have had them say this to me. I have sent people statements just to obtain information, which I stated exactly what I needed and specified the bill would be taken care of if the information was provided, and still no response from the patient, just asking for information!! My concern other than the above is that we are a government agency and when we use credit/debit cards we pass the fee ($2.00 up to $50.00 and 3% after $50.00) on to the person using the debit card as the County Treasurer feels it is not the tax payers responsibility to pay someone else's fees. So if a Buckeye Account member paid their $3.oo copay for example, it would cost them $5.00, are you also picking up the fee? How do we know on this end if they have a copay? We try to not bill patients, also a cost saving method, and try to collect up front. I just get more frustrated from this end as I read the proposal. I hope this makes sense and if you have any questions, please contact me.

Thanks,
Kelli Owens
Medical Billing Specialist
Wyandot County Health Department
127A S Sandusky Ave
Upper Sandusky, OH 43351
419-294-3852 ext 229
kowens@co.wyandot.oh.us

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Monday, May 02, 2016 9:52 PM
To: HealthyOhio; info@uhcanohio.org
Subject: Heallhy Ohio, 1915(I) waiver and Value Based Services

Healthy Ohio 1115 Demonstration Program, 1915(i) Waiver and Value Based Service
The Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215
Date: April 21, 2016

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I ask you to spend time with these people and understand the effects of these proposed laws/rules/waivers before making others face the disaster of the results of these programs.

Thank you for your time.

Lynne Thomas, POA of a Schizophrenic with additional disabilities

Zolinski, Sara

From: Lynda Bernays <lyndabernays@sbcglobal.net>
Sent: Monday, May 02, 2016 3:43 PM
To: HealthyOhio
Subject: Please reconsider changing Medicaid requirements

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Christ Episcopal Church in Shaker Heights and will soon be part of Greater Cleveland Congregations. GCC provided leadership and worked with others throughout the state to encourage Medicaid expansion in 2014.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,

Lynda Bernays
2532 E. 127th St., Cleveland, OH 44120

Zolinski, Sara

From: Sally Wile <revswile@sbcglobal.net>
Sent: Monday, May 02, 2016 1:51 PM
To: HealthyOhio
Subject: proposed Health Ohio 1115 Medicaid Waiver

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

May 2, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are low-income citizens of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be usable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act. This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,

Rev. Sally Wile

3686 Normandy Rd.
Shaker Heights, OH 44120

Zolinski, Sara

From: randyb1948@aol.com
Sent: Monday, May 02, 2016 10:58 AM
To: HealthyOhio@medicaid.ohio.gov.
Cc: abufflg@gmail.com
Subject: Medicaid in Ohio

Do not charge Medicaid recipients any premiums. This saves no money. If it reduces any use of services, those services would only be the use of screenings needed to prevent more serious disease. This is a big loser. The State or the Feds lose revenue because of Medicaid recipients inability to work or pay more to take care of their daily needs and pay more because the medical condition worsens. Stop this shortsighted measure before it becomes law. In effect you are wasting taxpayer money overall if you enact this measure not saving it.
Furthermore while it is accepted political belief among the more aware, that the poor do not vote, that day may be ending with the upcoming elections and I am sure that the democrats will gladly use this as a campaign issue as another attack on the poor. While I am sure this will rally the democratic base, it may also bring out the poor to vote in the state Gerrymandered districts which have been won by republicans but with small margins. This could result in many republicans losing State offices- a consequence I am sure you do not want.
Sincerely,
Edward R.Browning

Zolinski, Sara

From: Catherine Smythe Zajc <smythezajc@roadrunner.com>
Sent: Monday, May 02, 2016 9:16 AM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Demonstration Waiver

TO: Ohio Department of Medicaid
FROM: Catherine Smythe Zajc – a member of Trinity Cathedral/GCC, Cleveland, OH
REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Demonstration Waiver
DATE: May 2, 2016

Dear Director McCarthy,

I am writing to express my concern about the Healthy Ohio 1115 Medicaid Waiver and to request that you withdraw it or fundamentally revise it. My opposition to the waiver is based on overwhelming research, counsel and opinions from several non-profit, non-partisan, social welfare advocacy organizations (UHCAN Ohio, Advocates for Ohio's Future, Ohio Poverty Law Center, Policy Matters Ohio, The Center for Community Solution, among others) that unanimously conclude the waiver will create barriers to health care, cause thousands of Ohio's most vulnerable citizens to lose coverage and adversely affect the financial stability of hospitals (per an analysis conducted by the Cleveland-based consulting firm, Human Arc) and other providers.

Greater Cleveland Congregations' (GCC) members include 30+ congregations – including Trinity Cathedral – and other affiliated organizations representing 30,000 individuals in Cuyahoga County. GCC has united its power to advocate for access to health care for all, particularly for the least among us. It has worked with others throughout the state to encourage Medicaid expansion.

By many measures, Medicaid expansion has been a success in Ohio and has improved public health for hundreds of thousands of Ohioans who were previously uninsured and lacked affordable coverage options, and has improved financial outcomes for providers. According to testimony presented to you and members of the Ohio Medical Care Advisory Committee on April 21, 2016 by Wendy Patton, a senior project director at Policy Matters Ohio, the "Healthy Ohio Plan," which is seeking a waiver from certain Medicaid rules for non-elderly adults, will severely undermine those gains.

To reiterate her points:

(1) The "Healthy Ohio Plan" would not increase and strengthen overall coverage of low-income individuals. In fact, it would reduce such coverage.
(2) The "Healthy Ohio Plan" does not increase access to health care by low income populations. It reduces it. It could also financially harm Medicaid providers.
(3) The "Healthy Ohio Plan" will not result in improved health outcomes.
(4) The "Healthy Ohio Plan" will not increase the efficiency and quality of care for the low-income population. It will make it less efficient and reduce care quality.

In addition, The Center for Community Solutions, a non-partisan think tank based in Cleveland, recently submitted well-researched and thoughtful comments to your attention, which outlined its "significant concerns," in order to help the State of Ohio Department in its submission of the Healthy Ohio 1115 Demonstration Waiver. I strongly urge they be given serious consideration.

In sum, I concur with many others in our state and beyond that the changes requested in the “Healthy Ohio Plan” would negatively impact Ohio’s Medicaid beneficiaries by creating barriers to access to care for more than 1 million Medicaid eligible Ohioans. I strongly oppose the “Healthy Ohio” waiver request.

Respectfully submitted,

Catherine Smythe Zajc
Cleveland (Tremont), Ohio

Zolinski, Sara

From: Jenifer McConaughy <jmcconaughy@roadrunner.com>
Sent: Sunday, May 01, 2016 9:22 PM
To: HealthyOhio
Subject: Please don't change Medicaid!

Please do NOT change the current Medicaid plan. The Medicaid expansion allowed my son who suffers from mental illness and is unable to work to obtain medical insurance. This has allowed him to obtain medical help and allows him to obtain needed medications. Without this program, my son would not have medical coverage and his health would be at great risk. It has given our family peace of mind to know that he can obtain the medical help he needs.

Changing the current Medicaid plan preys on the most vulnerable people in our society. Those that have no voice and cannot rise up and raise their concerns because their health is so fragile. Please don't do this!
Sincerely,

Jenifer McConaughy
1 Zimmerman Court
Defiance, OH 43512

Zolinski, Sara

From: Lisa Dickson <lisa@fosteractionohio.org>
Sent: Sunday, May 01, 2016 10:35 AM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Ohio Foster Care Youth and the Healthy Ohio Program 1115 Demonstration Waiver

Re: Healthy Ohio Program 1115 Demonstration Waiver

To Whom It May Concern,

My name is Lisa Dickson, and I represent Alumni of Care Together Improving Outcomes Now (ACTION Ohio), a statewide organization that is dedicated to improving outcomes for current and former foster care youth. ACTION Ohio brings together the voices of youth, alumni and allies to create lasting change and to generate hope for current and former foster youth, based on access to resources, ally support and alumni expertise.

We are writing to respectfully request that foster care youth and alumni be exempt from the Healthy Ohio waiver. We understand that the purpose of this demonstration waiver is to: (a.) to increase and strengthen healthcare coverage for low-income individuals; (b.) to increase access and stability, ensuring that low-income populations are served; (c.) to improve health outcomes, and (d.) to increase efficiency and quality of care.

Our concern is that this is a case in which the intent and the outcome do not match. Rather than increasing and strengthening access to healthcare, Healthy Ohio will potentially eliminate healthcare access for our population altogether. Coverage will only begin after a required payment into a healthcare savings account. If youth miss two payments, they will be locked out of their account. There is no requirement to cover all essential health benefits, and a cap on yearly and lifetime expenses.

Imagine being a young person transitioning from foster care to adulthood. Trying to navigate the adult world without family support. Many of our young people “age out” of foster care without a savings account or a safety net. As they work to pursue employment and/or higher education, they are also working through trauma associated with the abuse and neglect of their pasts.

Ohio has enough barriers to healthcare services for emancipating foster youth already. Far too often, young people “aging out” of foster care aren't signed up for extended healthcare benefits when they age out of care by their agencies. They are dropped from Medicaid due to change of status (address, phone number, email). They discover that even if their caseworker signed them up for Medicaid when they aged out of care in their county, that "coverage" isn't accepted in other counties. Adding an additional monthly premium will only create further barriers.

This proposal stands in direct violation of The Patient Protection and Affordable Care Act (ACA), enacted in March 2010 and fully implemented in January 2014, which states that, *“Effective January 1, 2014, all states must extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18th birthday, or enrolled in Medicaid when they aged out of foster care if over age 18.”*

Our state's failure to fully support and abide by that federal mandate has implications for young people that can literally make a difference between life and death. For example: one of our members with Type 2 diabetes recently earned a STEM scholarship to OSU, but her lack of healthcare recently kept her from getting insulin in

a timely manner. This young lady is currently a pre bio-medical engineering major at The Ohio State University. Her goal is to graduate with a bachelors degree in Biomedical Engineering from The Ohio State University, specializing in prosthetics, and to ultimately do research and/or work for a company designing artificial limbs.

We respectfully request that foster care youth and alumni be exempted from the Healthy Ohio waiver.

Lisa Dickson
Communications Chair
ACTION Ohio
Alumni of Care Together Improving Outcomes Now
www.fosteractionohio.org

Zolinski, Sara

From: Rina Saperstein <rsaperstein@cinci.rr.com>
Sent: Saturday, April 30, 2016 6:45 PM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Disapprove the Healthy Ohio Waiver

To: Bureau of Health Plan Policy, Ohio Department of Medicaid

As an Ohio resident, I am writing to express my strong disapproval of the HealthyOhio proposal.

Gov. Kasich did this state a great favor by expanding Medicaid; now he will undo a good part of the expansion. The Healthy Ohio plan would:
1. Require unaffordable monthly premiums from Medicaid enrollees (who are below 138% of the federal poverty level);
2. Add to the overall costs of our health system with additional administrative and enforcement expenses, an expensive debit card system and unnecessary and confusing health spending accounts;
3. Prevent low income people from accessing health care;
4. Add delays in accessing health care which will increase the seriousness and cost of healthcare conditions;
5. Turn Medicaid coverage on and off each month, an instability that will interfere with ongoing care and will wreak havoc in reconciling with requirements of the affordable care act;
6. Return additional expenses to hospitals, clinics and other healthcare facilities in uncompensated care from families who drop out of Medicaid by failing to comply.

Cost-sharing doesn't really reduce health care expenses for individuals in medical care. I have a high deductible plan and a health savings account. While it does make us pay a greater share of the costs, it does not reduce the overall expense, as it is impossible to evaluate pricing for most procedures (we've tried), and we cannot avoid some of our health conditions at this stage in our lives. I can't see how adding additional cost and expense to the system helps anything. It just seems vindictive.

This does not seem to be good health care policy and you should not approve it.

Rina Saperstein

Zolinski, Sara

From: Nancy Dawley <ndawley@msn.com>
Sent: Friday, April 29, 2016 9:59 PM
To: HealthyOhio
Cc: Nancy Dawley
Subject: "NO" on the proposed healthy Ohio Medicaid waiver

Ohio's Medicaid expansion can only continue to improve the health of low-income Ohioans by keeping people enrolled and insured. "Healthy Ohio" Medicaid waiver, a definite misnomer, would require a million low-income Ohioans to pay monthly premiums for their coverage as well as penalize some for certain behaviors, thus leaving more Ohioans uninsured. We just got low income people in Ohio to have preventative health care. There is no value in removing preventative care and once again forcing the use of emergency rooms. This merely reduces public health and increases total medical costs for all of us.

Low-income individuals are especially sensitive to increases in medical out-of-pocket costs, and even modest co-payments can have the effect of reducing access to necessary medical care. I want all the people I interact with to be healthy – so that 1.) they are able to live productive, useful lives, and 2.) they don't pass disease to others. Compassion and common sense should drive this decision.

Nancy Dawley
7497 Hosbrook Rd.
Cincinnati, OH 45243

Zolinski, Sara

From: Laurie Albright <ljalbright@hotmail.com>
Sent: Friday, April 29, 2016 5:36 PM
To: HealthyOhio
Subject: oppose Medicaid Waiver!

TO: Ohio Department of Medicaid
FROM: [Name, Address] – a member of Greater Cleveland Congregations (GCC)
REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver
DATE: [insert date]

Dear Director McCarthy,

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will disrupt coverage for needy Ohioans and increase cost.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. But premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

I work with people who are very grateful for Medicaid coverage, but struggle financially on a daily basis to feed their family and get to work. This proposed burden will be responsible for the loss of coverage for many, as unexpected expenses always occur and people have no cushion.

I do not support the "Healthy Ohio" waiver.

Respectfully,

Laurie Albright
3617 Silsby Rd
University Hts OH 44118

Zolinski, Sara

From: Cynthia Sharp <1sharplady@att.net>
Sent: Friday, April 29, 2016 3:01 PM
To: HealthyOhio
Subject: Medicaid Benefits

Medicaid is highly important and necessary for many Ohioans. Please do not cut nor eliminate the Medicaid program. With so many cuts now in place, maintaining proper health benefits to those unable to pay for private benefits is vital.

Thank you for your consideration regarding this most important matter.

Cynthia Sharp

Zolinski, Sara

From: mitchwasserman@roadrunner.com
Sent: Thursday, April 28, 2016 3:56 PM
To: HealthyOhio
Subject: Opposition to the Proposed Healthy Ohio 1115 Medicaid Waiver

Importance: High

Director McCarthy,

I am writing to express my ardent opposition to the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will have a devastating impact on the most susceptible citizens of Ohio, an area of concern I have heard Governor Kasich speak to during his campaign for the presidency. Not only will it disrupt coverage for Ohioans who are most in need, it will create an economic burden for the State that I'm certain can't be ignored.

Greater Cleveland Congregations' (GCC's) members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united people of faith in Cleveland to channel their energies to advocate for access to healthcare for all, particularly for the most vulnerable among us. We have worked with others throughout the state to encourage Medicaid expansion and we will not stand idly by as the Governor and State Legislature attempt to dismantle this achievement.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's
population) are enrolled in Medicaid. The waiver would adversely affect over 1 million of Ohio's Medicaid enrollees and fly in the face of the purpose and legal guidelines pertaining to Medicaid.

. The waiver would introduce premiums for Medicaid coverage and enrollees would
be terminated for non-payment. Premiums have led to declines in enrollment in
other states such as Oregon where enrollment dropped by 77% after premiums were instituted.

. The waiver would create complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to use. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs incurred by the State.

. The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act.

These changes would have a horrific impact on Ohio's Medicaid population and create barriers to accessing healthcare for more than 1 million Medicaid eligible Ohioans. This is not just a matter of providing for the poor, it's an issue of public health that will have a detrimental effect on all Ohioans – the haves and the have nots. Not only is it morally deplorable, the negative economics will create a strain on the State's budget that all Ohioans will have to endure.

I oppose the "Healthy Ohio" waiver.

Respectfully,

Mitchell Wasserman

Mitch Wasserman
H: 216/283-1155
C: 216/262-3978

Zolinski, Sara

From: CaabeiroD <CaabeiroD@my.hiram.edu>
Sent: Thursday, April 28, 2016 2:34 PM
To: HealthyOhio
Subject: Against the Healthy Ohio waiver proposal

Director McCarthy:

I am not on Medicaid, but I feel compelled to express my outrage at the Kasich administration's Medicaid waiver proposal during this comment period and I hope that this comment may be accepted in this merit. 16 percent of Ohio households live in hunger and food insecurity. Low-income families in the state have to live with the choice of food vs. rent, to say nothing of other needs. Medicaid isn't an entitlement to its beneficiaries, it's a lifeboat. This proposal's merciless approach to throw people off the system (as this policy surely will, one way or the other) is blind to the tens of thousands of voiceless citizens who aren't as fortunate enough as I am to afford a computer with which to communicate their concerns. This proposal is also sloppy policy that will surely raise health care costs as a result of increased emergency room use, needless debit card and health savings account systems, and reduced revenue for Ohio hospitals which could stand to lose $2.5 billion over the waiver's 5 year period. This is a lose-lose an approach in terms of ethical and efficient government policy as can be imagined.

It is my hope that this or any other proposed changes do not come to pass, as Medicaid expansion in this state has been of great benefit to many.

Best,
Daniel Caabeiro

Zolinski, Sara

From: Livemail <mari6414@columbus.rr.com>
Sent: Thursday, April 28, 2016 11:36 AM
To: HealthyOhio
Subject: Section 1115 healthy Ohio

I am opposed to this waiver. People on Medicaid are there because they don't earn enough to buy regular health insurance. Do you want the person caring for your loved ones in the nursing home or preparing your food to not have health insurance?

Sent from my iPhone

Zolinski, Sara

From: Theresa Pretlow <tpp3@case.edu>
Sent: Thursday, April 28, 2016 9:06 AM
To: HealthyOhio
Subject: Changes to Medicaid

I am very much opposed to adding changes to Medicaid delivery in Ohio. People do not choose to see a doctor for fun. Rather they put off seeing a doctor because it takes effort and time to get there. To add the additional impediment of payment for such a visit will cause the impoverished to delaying the visit until a relatively minor problem has escalated to require expensive intervention. For example, early diabetes can be treated with life-style changes and medication; late stage diabetes causes kidney damage that requirees dialysis. We also have the findings of others who have imposed fees. Virginia found that it cost the state $1.39 for every dollar it collected from poor patients!

Please leave Medicaid as it was designed and do NOT implement the waiver that the Ohio legislature has passed.

Sincerely yours,
Theresa P Pretlow, PhD
3061 Chadbourne Rd
Shaker Hts, OH 44120

Zolinski, Sara

From: Stanley Hirtle <shirtle@sbcglobal.net>
Sent: Wednesday, April 27, 2016 10:04 PM
To: HealthyOhio
Subject: The "Healthy Ohio" waiver is a bad idea.

The "Healthy Ohio" waiver is a bad idea. It makes people who are poor and can't afford health care pay premiums and fund accounts resembling health savings accounts to get Medicaid coverage. If they don't pay they don't get care. While the premiums are relatively small, they are substantial barriers to the poorest people who can't afford rent, food, clothes for the kids and other purchases. Numerous studies show that any costs are barriers to poor people getting care. Part time low paying jobs and public benefits do not give people enough to live on, so health care often gets skimped on. Treatable conditions get more expensive and people may churn on and off Medicaid, miss needed medications, and end up making their treatment more expensive and possibly too late. There are also caps on how much health care can receive in a year or lifetime, essentially limiting the treatment of serious ailments. Administration of these premiums requires setting up an additional costly and unproductive bureaucracy to collect premiums, issue and keep track of "points" and impose penalties. This bureaucracy will not be worth the effort.

Ohio does not have a good record on preventable health outcomes like infant mortality. The Medicaid expansion has increased the amount of health coverage and with it peoples' health. This is particularly important with chronic conditions that are often found among the poor, cause poverty and are barriers to upward mobility.

There is no good reason for doing this, other than political resistance to Universal Health Care in general, the Affordable Care Act in particular and the idea of poor people getting something important for free. Some say that people "need skin in the game", will take more responsibility for their health care, will learn to behave like employed people and similar things. However there is no evidence for any of these assertions. Poor people traditionally get too little health care, not too much. What this will certainly do is remove people from the health care system or otherwise interfere with care. This is not good for anyone.

Medicaid expansion has done much good for Ohio, covering people who were not covered. This is a step backward. Other states that have tried similar things have not gotten good results. The state should be spending its time figuring out ways to improve care, prevent illnesses and control costs without separating people from health care.

Thank you for your attention

Stanley Hirtle

1230 Amherst Pl.

Dayton, OH 45406

Zolinski, Sara

From: Marcia Levine <mwl464@roadrunner.com>
Sent: Wednesday, April 27, 2016 10:41 AM
To: HealthyOhio
Subject: 1115 Medicaid Waiver

TO: Ohio Department of Medicaid

FROM: Marcia W. Levine – a member of Greater Cleveland Congregations

REGARDING: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

April 27, 2016

Dear Director McCarthy,

I oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because it will disrupt coverage for needy Ohioans and increase cost.

Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. We have worked with others throughout the state to encourage Medicaid expansion.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would charge enrollees unaffordable premiums. Medicaid enrollees would have their coverage terminated for non-payment of premiums. But premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.

- The waiver would establish annual and lifetime caps which are illegal under the Affordable Care Act. And if enacted would severely curtail services to those who most need them.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the "Healthy Ohio" waiver.

Respectfully,

Marcia Levine

2678 Rochester Road

Cleveland, OH 44122

Zolinski, Sara

From: Eileen Hamilton <eileenhamilton@sbcglobal.net>
Sent: Tuesday, April 26, 2016 8:37 PM
To: HealthyOhio
Subject: Medicaid Waiver 1115

With mixed feelings I, a non-Medicaid inner city Cleveland retiree, advise against this waiver.

It's not the amt. of the premiums (> = $8/month) to which I object. Some of my Medicaid neighbors spend that on cigarettes!! It's the cost in tax-payer dollars to administer the health savings accounts and debit cards.

Also some of my Medicaid neighbors have a hard time figuring out Medicaid and SNAP, let alone health savings accounts. It's unimaginably difficult organizing and keeping track of bits and pieces of information and paperwork when living space, transportation, child care and employment are all non-existent or in constant flux.

Also I feel it's unjust to subject Medicaid recipients to annual and lifetime caps while non-Medicaid citizens are not.

I think it would be far better to deduct the $8 from Medicaid benefits before issued to recipients, like Medicare Part D premiums are deducted from Social Security benefits.

Sincerely, Eileen Hamilton, 5123 Hamm Ave. Cleveland OH 44127, April 26, 2016

Zolinski, Sara

From: Molnar, Margaret (Brown) <Margaret_Molnar@brown.senate.gov>
Sent: Tuesday, April 26, 2016 3:36 PM
To: HealthyOhio
Subject: Comments on the Health Ohio Medicaid Plan Draft

1) The plan is totally devoid of context. There is no indication of what is wrong – what this new plan might be bent on fixing. Isn't that normally where a plan begins? Would it hurt to provide some insight into the non-disabled population not being served by Medicaid past and their need?

2) There is no thought or analysis in the 40 pages of how this plan interplays with the Medicare and Medicaid policy already in existence. Those of us who work with this policy and try to help interpret it for constituents would appreciate seeing the big picture. Does anyone have one?

3) Assumption: The County Medical Service, used to determine disability for DA cash (disabled 9 to 11 months) and Medicaid (12 or more months) supposedly by the rules of Social Security but with this different determining body, will now be gone. Those applying for SSD and SSI will have to wait for a decision from Social Security. There will no longer be DA cash (which has been $115/month) as there will no longer be a determining body.

4) Assumption: Those determined disabled for Social Security Disability, those with sufficient work credits, in other words, who have a five-month wait for any SS payment to begin, and a 24-month wait after payments have started for Medicare to kick in, are not eligible for this coverage as they are disabled, not non-disabled. Will this population be covered by another Medicaid program? Traditionally this was the population that paid spenddown. (Spenddown was not a concept for the SSI population.) Paying for a Medicaid card each month is not a new thing. This plan implies but never really states the death of spenddown. At the same are the needs of this SSD population even known and considered? And are they known any better or considered by the feds?

5) Even now in the State of Ohio there are no supplemental insurance plans for those under age 65 who have Medicare, determined disabled by the SSA. They just do not exist. Does this plan help that? As the population would be disabled, the answer again would be not.

6) The plan relies on participants receiving an invoice, probably monthly, to pay as low as $1.98 a month. A person is dis-enrolled if payment is not made in 60 days. Low income people do not necessarily have checks or credit cards to pay. If they pay in cash, they would probably have to appear at Job and Family Services, and transportation is often an issue for the poor too. I don't really object to the fact that payment is required, but again there is an increased bureaucracy created to collect and enforce payment of a small amount of money with possible big consequences for the population affected.

7) The plan rides on a dream of more people finding more jobs that provide medical coverage with no reality to shore up the job creation and preservation part of the equation. This is the same childless adult population left out of the jobs push in the 1990s when Clinton ended welfare as we knew it. The population with children at least got briefly some support to jobs in terms of PRC money, etc. The adults without children population seems to be getting someone's idea that they should be educated to employer-covered health care benefits with a bridge to transition the employee with a HSA and referral and training to an employment world that might not even particularly exist.

8) There is absolutely no detail as to how the Healthy Ohio Program will save nearly $1 billion in the five-year demonstration period. A statement does not a fact-based estimate make.

I have done Social Security and Medicare casework in a U.S. Senate office for going on nine years now and prior to, worked 16 years as a paralegal/social worker at Legal Aid in Lorain County doing the administrative work from application through hearings and administrative appeals for welfare, Unemployment and Social Security.

- Margaret A. Molnar

Zolinski, Sara

From: Fershko, Adam (MD) <Adam.Fershko@ketteringhealth.org>
Sent: Tuesday, April 26, 2016 2:58 PM
To: HealthyOhio
Subject: Comment

I'm a physician in Ohio and am very pleased to see what Mr Butler has introduced. This is a great bill that finally requires Medicaid recipients to have some "skin in the game" – albeit only a tiny bit! Medicaid is currently such an enormous part of the Ohio budget, which places constraints on other important services such as police/fire and education. This bill will provide some support for our failing medical system. Allowing Medicaid recipients to invest in their own healthcare will promote cost consciousness. I'm glad that Mr Butler has introduced a bill that will promote individual responsibility.

Sincerely,

Adam Fershko, MD, FACP

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Zolinski, Sara

From: Jada Brady <jbrady@fcdjfs.franklincountyohio.gov>
Sent: Tuesday, April 26, 2016 10:32 AM
To: HealthyOhio
Subject: Comment

Will your agency post or make available the public comment given at last Thursday's hearing.

Zolinski, Sara

From: outlook_23603eec16931432@outlook.com on behalf of Becky Stevens <bstevens@ohio.net>
Sent: Tuesday, April 26, 2016 10:14 AM
To: HealthyOhio
Subject: Healthy Ohio

I am not in favor of the Healthy Ohio plan. It is a bad plan for low income people on Medicaid.

Sent from Mail for Windows 10

Zolinski, Sara

From: B Mark Hess, MD <mhessmd@earthlink.net>
Sent: Tuesday, April 26, 2016 7:32 AM
To: HealthyOhio
Subject: Harmful Medicaid waiver

I am writing in opposition to the waiver being considered for Medicaid participants in Ohio.

I am writing as a physician providing care to Ohio Medicaid patients for over 40 years, and as a founding board member and volunteer physician at Health Partners Free Clinic in Troy, OH.

America – including Ohio - seems uniquely preoccupied with identifying “the deserving poor”. We sometimes are concerned less with meeting human needs, than with assuring that we exclude benefits from – that we punish – those whom we consider “unworthy”.

Although cloaked as “Healthy Ohio”, and as a cost-saving measure, the Medicaid waiver would almost certainly harm the health of many Ohioans, complicate the lives of untold numbers more, and cost more dollars to administer than it could possibly save.

The experience of other states shows that the cost to administer exceeds any possible savings. Such a waiver becomes a way to squander Ohio taxpayers’ money, and at the same time divert dollars from actual patient care to constructing a bureaucracy. Simultaneously wasteful and cruel!

Please do not consider this harmful venture.

B. Mark Hess, MD

Zolinski, Sara

From: Jack Frech <frech1@frontier.com>
Sent: Monday, April 25, 2016 7:14 PM
To: HealthyOhio
Subject: Re: Waiver

Thank you. I'm glad to see you agree with my position Jack

Sent from my iPad

> On Apr 25, 2016, at 2:11 PM, "HealthyOhio@medicaid.ohio.gov" <HealthyOhio@medicaid.ohio.gov> wrote:
>
> Mr. Frech,
> Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.
>
> We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.
>
> Bureau of Policy Management and Development Ohio Department of
> Medicaid
>
> -----Original Message-----
> From: Jack Frech [mailto:frech1@frontier.com]
> Sent: Monday, April 25, 2016 1:42 PM
> To: HealthyOhio <HealthyOhio@medicaid.ohio.gov>
> Subject: Waiver
>
> To Governor Kasich
> From Jack Frech
>
> Please do not proceed with the proposed Medicaid 1115 waiver. The Medicaid expansion was one of the very few really decent things you have done for poor people in Ohio .
> In the past five years hundreds of thousands of the poorest children and adults have lost all their cash income and many their food stamps as well due to intentional cuts made by your administration. One out four SNAP households in Ohio has no cash income. Annual loss of OWF cash and SNAP is over $750 million. You have decimated these families and communities , now this. I realize that it is more important to you to cut taxes for the rich and benefits for the poor. But the research on infant mortality and longevity for the poor is clear. You are killing them . Please stop .
>
>
> Sent from my iPad
>

Zolinski, Sara

From: Jerry Bedford <Jerbed1@aol.com>
Sent: Monday, April 25, 2016 6:48 PM
To: HealthyOhio
Subject: Opposition to Medicaid Waiver 1115

I am vehemently opposed to the Ohio Medicaid Waiver 115 for the flowing reasons,
1) This program change will adversely effect the most vulnerable population in the 0-138% of the poverty level. The current level of Medicaid is a good attempt to improve the health of people in this population. It has also reduced the number of people using the emergency room as an initial stop in obtaining health care. With this proposed change in Medicaid, all the progress will be eliminated which will result in higher medical fees that will ultimately effect Medicaid expenditure adversely.
2) All of the proposed changes, contributions to a "health savings account", coverage only after payment to this account, loss of coverage for failure or lack of ability to pay into this account, and the the annual/lifetime cap defeats the term "Healthy Ohio" and will ultimately create an unhealthy Ohio with these measures in-place.

The attempt to save money by enacting these proposed changes will ultimately create a much larger cost to the health care system of Ohio via those of us paying higher taxes as an end result.

Jerry Bedford Jr.

Sent from my iPad

Zolinski, Sara

From: La Queta Worley <keetaworley@gmail.com>
Sent: Monday, April 25, 2016 3:52 PM
To: HealthyOhio
Subject: RE: We must have !!!!

I hope that this is very much a GREAT DIFFERENCE IN THE WAIVER.

On Apr 25, 2016 3:29 PM, "HealthyOhio@medicaid.ohio.gov" <HealthyOhio@medicaid.ohio.gov> wrote:

> Ms. Worley,
>
> Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.
>
> We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.
>
> Bureau of Policy Management and Development
>
> Ohio Department of Medicaid
>
> **From:** La Queta Worley [mailto:keetaworley@gmail.com]
> **Sent:** Monday, April 25, 2016 3:05 PM
> **To:** HealthyOhio <HealthyOhio@medicaid.ohio.gov>
> **Subject:** We must have !!!!
>
> Please do not cut ! We the members of my household need all of our medical insurance. I have buckeye health insurance, daughter has care source insurance, my husband is a veteran. So he goes to the veterans affairs hospital Wade Park Cleveland.

Zolinski, Sara

From: La Queta Worley <keetaworley@gmail.com>
Sent: Monday, April 25, 2016 3:05 PM
To: HealthyOhio
Subject: We must have !!!!

Please do not cut ! We the members of my household need all of our medical insurance. I have buckeye health insurance, daughter has care source insurance, my husband is a veteran. So he goes to the veterans affairs hospital Wade Park Cleveland.

Zolinski, Sara

From: Jack Frech <frech1@frontier.com>
Sent: Monday, April 25, 2016 1:42 PM
To: HealthyOhio
Subject: Waiver

To Governor Kasich
From Jack Frech

Please do not proceed with the proposed Medicaid 1115 waiver. The Medicaid expansion was one of the very few really decent things you have done for poor people in Ohio .
In the past five years hundreds of thousands of the poorest children and adults have lost all their cash income and many their food stamps as well due to intentional cuts made by your administration. One out four SNAP households in Ohio has no cash income. Annual loss of OWF cash and SNAP is over $750 million. You have decimated these families and communities , now this. I realize that it is more important to you to cut taxes for the rich and benefits for the poor. But the research on infant mortality and longevity for the poor is clear. You are killing them . Please stop .

Sent from my iPad

Zolinski, Sara

From: Alice Diebel <diebelalice@gmail.com>
Sent: Monday, April 25, 2016 10:52 AM
To: HealthyOhio
Subject: Public Comment - Medicaid Waiver

To whom it may concern:

The concept of making people who are already living in poverty pay a premium for their Medicaid flies in the face of everything we hold dear. Do we not want a safety net for those who are suffering? Are we not trying to expand health care to people who need it most? Are we not trying to be efficient and keep costs low? Of course we are. However, the proposed plan to charge premiums does none of these things.

Under the guise of taking personal responsibility, we are punishing people who need our support and compassion. Further, the plan has been tried in other places and found to actually cost more, and increase the use of the emergency room. In experiments elsewhere, thousands of people lost their coverage. And, when a parent loses coverage, doesn't the child suffer as well? What kind of state do we want to be?

I applaud Ohio for going against the grain and expanding Medicaid under the Affordable Care Act. Don't reverse our sensible legislation by following it with costly, inefficient, legislation that works against the positive steps we have taken.

Sincerely,

Alice Diebel
9377 Woodledge Pt.
Dayton, OH 45458

--
Alice Diebel
diebelalice@gmail.com

Zolinski, Sara

From: Arlene Sheak <arlenesheak@columbus.rr.com>
Sent: Sunday, April 24, 2016 9:23 PM
To: HealthyOhio
Subject: Re: 1115 Medicaid Waiver

To: Governor Kasich and the Ohio Legislature and Staff,

Fr: Arlene Sheak, Region 3 Southeast Ohio SPAN Coordinator

Re: 1115 Medicaid Waiver

The people of Ohio are our most important resource. Having a healthy population ensures the future workforce and tax base from which we can all thrive. If Ohio steps backward and requires Health Savings Accounts and payments from our hard working low income population, and our poverty stricken population, we will repeat the disastrous experience of Arkansas – which repealed this very type of law which produced financial and health care harms. In Oregon, Medicaid coverage dropped by 77% when such unaffordable premiums were instituted.
This Waiver could easily leave one million people without any health care coverage! These one million people will only have the Emergency Room for care –the most expensive and inefficient way to provide health care. Accidents and illness will not cease.
When the people who give personal care, work in restaurants, etc. are not receiving Primary Health Care, our population as a whole is at risk. Why would anyone want to deny this basic health care and also increase the expense to tax payers with no benefit?
I think that Ohio people want FAIRNESS from our elected officials and each other. Please withdraw 1115 Medicaid Waiver to demonstrate fairness and to support a healthy Ohio.

This email has been checked for viruses by Avast antivirus software.
www.avast.com

Zolinski, Sara

From: Sharon Littleton <slf8402@gmail.com>
Sent: Friday, April 22, 2016 2:08 PM
To: HealthyOhio
Subject: 1115 Demonstration Waiver

To Whom It May Concern:

DO NOT change the Ohio Medicaid program. This progam as it stands now is a life-saving blessing to the low-income families, senior citizens, and disabled citizens in Ohio!!! Many cannot even afford food let alone pay for medical care. If Ohio is to succeed in this economy our citizens need to be healthy and productive. If healthcare is limited to those who can afford to pay, our graveyards will be filled to the brim. Please consider our less fortunate citizens in Ohio, and keep the Medicaid program as it is. Let OHIO be a healthy and thriving state.

Sincerely,

Sharon Littleton, A.A.S.
133 Wood Street
Logan, OH 43138
740-385-7865
slf8402@gmail.com

Zolinski, Sara

From: Testa, Megan <Megan.Testa@UHhospitals.org>
Sent: Friday, April 22, 2016 1:59 PM
To: HealthyOhio
Subject: PUBLIC COMMENTS: Healthy Ohio Medicaid Waiver

Dear Director McCarthy,

My name is Megan Testa and I am a physician practicing in Cleveland, Ohio. I am writing in opposition to the proposed Healthy Ohio Section 1115 Demonstration Waiver. After reviewing the summary published by the department of Medicaid, I believe that this plan would hurt Ohioans. I respectfully request that this proposal be fundamentally revised, or simply abandoned altogether.

In my day to day life as a physician, I provide psychiatric care to individuals with severe mental illness. Many have comorbid addictions and most have serious comorbid medical issues. Nearly all of my patients live in poverty, and are covered by Ohio Medicaid which enables them to have their medical needs met. I see patients every day who, if unable to access psychiatric care, would quickly become so ill that they would be unable to function or live meaningful lives. I also see many individuals who would be a danger to themselves or others if they were unable to continue to participate in psychiatric care. The Healthy Ohio Demonstration Waiver, as written, would be disastrous for my patients. Many of them would inevitably lose their coverage, because of the unreasonable demands of the plan, and would suffer unnecessarily.

I understand that when CMS evaluates waiver requests from states, they evaluate based on specific criteria. CMS, as you are aware, will be looking to see whether the Healthy Ohio Waiver will increase and strengthen overall coverage for low-income individuals, whether it will increase access to providers, whether it will increase efficiency and quality of care for low-income individuals, and whether it will improve health outcomes for low-income individuals. I believe that the "Healthy Ohio Demonstration" proposal as currently written would not be looked at favorably by CMS for the following reasons.

First, it would not strengthen coverage for low-income individuals. In fact, this program as written includes caps which limit coverage. Furthermore, the program places unreasonable requirements on recipients which will result in many individuals losing their coverage entirely. I spend my working days hearing how my patients in poverty live. I am often providing my patients with referrals to food banks because they can not afford to buy food that lasts the entire month. I am often helping my patients seek assistance with utility payments because they do not have the money to keep up with basic heat and electric bills. Nearly all of my patients have representative payees and are on tight budgets, controlled by payee services, so they are not misspending their money. Requiring even individuals who are trying to live at 10% of poverty to pay into health savings accounts or lose their benefits is not just, and will not be looked at favorably by CMS.

Second, it would not increase access to providers. There is simply nothing about this program as written that provides this benefit. In fact, there are copays associated which intend to limit the settings in which individuals seek care, for example: the punitive copay applied to individuals who seek emergency room care. Furthermore, looking at this plan through the eyes of a provider, I can imagine that many doctors will seek to limit the number of patients with this type of coverage that they accept, because providers will be in fear that these patients will lose coverage and be unable to pay for services.

Third, the waiver would not increase the efficiency or the quality of care for low-income individuals. It is already known that adding complexities to health plans decreases efficiency and increases administrative costs. Health Savings Accounts are costly to administer, and their implementation would decrease financial efficiency of the Medicaid system in our state. As a provider, and a consumer of private insurance, I know firsthand that insurance plans that put many requirements on the insured, and that require maintenance of HSA's, payment of copays and deductibles, and include "personal responsibility incentive programs," are difficult to understand, navigate and use effectively. CMS will see that this program as written would be a move away from efficiency and that it would reduce quality of care. Other states have already tried and abandoned similar plans, and CMS will know this.

Finally, this waiver would not improve health outcomes for low-income individuals. As a physician, I have seen the devastating effect that limiting and canceling insurance has on patients. CMS will see that this waiver program will disrupt access to care for those most in need and this will not be viewed favorably.

I hope that Ohio's department of Medicaid will either substantially reconstruct the Healthy Ohio Section 1115 Demonstration Waiver or abandon it entirely. The proposal as written would harm Ohioans, and my next step as a concerned physician will be to write to CMS with my concerns. As a doctor working with the Medicaid population I see it as my ethical duty to ask that CMS reject Ohio's proposal if it reaches CMS in its current form.

Thank you for hearing my concerns.

Sincerely,

Megan Testa, MD

Visit us at www.UHhospitals.org.
The enclosed information is STRICTLY CONFIDENTIAL and is intended for the use of the addressee only. University Hospitals and its affiliates disclaim any responsibility for unauthorized disclosure of this information to anyone other than the addressee.
Federal and Ohio law protect patient medical information, including psychiatric_disorders, (H.I.V) test results, A.I.Ds-related conditions, alcohol, and/or drug_dependence or abuse disclosed in this email. Federal regulation (42 CFR Part 2) and Ohio Revised Code section 5122.31 and 3701.243 prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Zolinski, Sara

From: Thomas Pretlow <tgpretlow@earthlink.net>
Sent: Friday, April 22, 2016 12:00 PM
To: HealthyOhio
Subject: Proposed Section 1115 "Healthy Ohio" waiver

As a retired physician, I am amazed that anyone has proposed yet another way to make life more complicated and painful for the poor. I am writing to communicate my strong opposition to Section 115 "Healthy Ohio" waiver. Healthcare should be regarded as a human right. One wonders if the poor in Ohio have any inalienable rights.
Thomas Pretlow, M.D.
Professor Emeritus of Pathology, Oncology, Urology, and Environmental Health Sciences School of Medicine Case Western Reserve Univ. tgp3@cwru.edu

Zolinski, Sara

From: Penny Gentieu <penny@babystock.com>
Sent: Friday, April 22, 2016 11:59 AM
To: HealthyOhio
Subject: I oppose the "Healthy Ohio" waiver to the Medicaid program

I oppose the "Healthy Ohio" waiver to the Medicaid program because it will decrease participation, complicate the system unnecessarily, and cost the state more money. It's ridiculous to require poor people to pay into a health savings account, when they have trouble even putting food on the table. It's like a punishment and it's uncivilized.

I don't want my tax dollars to pay more money in administration costs than would be collected from the poor people for this meager health savings account, just so the state can impose a punishment on poor people. That isn't the purpose of Medicaid.

This is an attitude based on the false premise that poor people are inherently lazy. But they are not.

80% of the people who would be affected by this crazy waiver work jobs that don't pay a living wage, like WalMart and Burger King, like home health workers or nursing home workers. They should not be further burdened in a scheme that would cost even more money than you will collect.

Penny Gentieu
5124 Chatham Valley
Toledo, Ohio 54615

Zolinski, Sara

From: Bob Parker <bob-bp@prodigy.net>
Sent: Friday, April 22, 2016 11:35 AM
To: HealthyOhio
Subject: Proposed Section 1115 Healthy Ohio Waiver

I oppose the Section 1115 Healthy Ohio Waiver proposal.

I feel the system being proposed is way too complicated for many low income people who spend long hours working at low wage part-time jobs. For many, the premiums would be unaffordable -- they would lose coverage

For others, the proposal includes reinstating lifetime caps on medical payments. The caps were eliminated by the Affordable Care Act, because when people really need their insurance, it should not be eliminated.

Finally, health care is a public good. I want the people who are preparing my food, or working as aides in hospitals to be able to get treated when they are ill. Otherwise, they may spread their sickness to others

Bob Parker
11514 Chautauqua
Brecksville, OH, 44141

Zolinski, Sara

From: Catherine Queener <queenlin@sbcglobal.net>
Sent: Friday, April 22, 2016 7:18 AM
To: HealthyOhio
Cc: abufflg@gmail.com
Subject: Against

To Whom it may concern:

My mother spent the last six years of her life in a nursing home because of Alzheimer's disease. At $7-8 thousand a month, it ate through my father's life insurance, their life savings, the amount I was able to sell her house and car for. She went on Medicaid when she had nothing left.

How could she have paid a premium to Medicaid when she had nothing? If she could have articulated it, I am sure she would have told you that the premium she paid was raising a healthy family, serving as a secretary at Wright-Patterson Air Force Base for decades, and paying taxes to both state and federal government her entire life.

Why do you want to prey on people in need?

Catherine Queener, daughter of Helen

Sent from Mail for Windows 10

Zolinski, Sara

From: Stacie Grider <nurs.price@gmail.com>
Sent: Thursday, April 21, 2016 7:22 PM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

To: Ohio Department of Medicaid

From: Stacie Grider 25 Gerlaugh Ave, Dayton, Ohio 45403

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

April 21, 2015

Dear Director McCarthy,

I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for me and the 1 million other low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.
My current Medicaid coverage allowed me to get life saving surgery and medications that would have been unaffordable under the new changes.
Sometimes I'm forced to choose between paying for food, electricity, and medical costs Medicaid doesn't currently cover.

Under "Healthy Ohio" if I can't afford to pay my premium, I will lose my health coverage which will mean I won't be able to get the testing and follow up care I need. My life and the lives of my children depend on our ability to stay healthy and getting the care we need when we need it.

I know that I am not the only one in this situation and I urge the Center for Medicare and Medicaid services to reject Ohio's "Healthy Ohio" Waiver request.

Respectfully,

Stacie Grider.

Zolinski, Sara

From: Leesa <lmhusar@gmail.com>
Sent: Thursday, April 21, 2016 3:45 PM
To: HealthyOhio
Subject: Waiver 1115 Healthy Ohio

Dear Ohio Legislature,

What exactly are you trying to accomplish by forcing the "Healthy Ohio" 1115 waiver?

None of the changes you are proposing have worked well in other states. They actually cost more money to administer. Do you really think you will get a different result?

If one of your constituents knows someone who is cheating, your constituent should turn that person in. It is not fair to put the squeeze on poor or disabled people who need medical service because you think someone might be taking undue advantage of the system.

Get rid of the "Healthy Ohio" 1115 waiver and put some effort into raising the minimum wage. That would be a useful accomplishment.

Sincerely,

Leesa Husar

Zolinski, Sara

From: SPAN Ohio <span@spanohio.org>
Sent: Thursday, April 21, 2016 7:52 AM
To: HealthyOhio
Subject: 1115 Healthy Ohio waivers

Follow Up Flag: Follow up
Flag Status: Completed

To: Ohio Department of Medicaid

From: Deborah Silverstein, State Director
Single Payer Action Network Ohio
3227 W. 25th Street
Cleveland, OH 44109

April 15, 2016

Dear Director McCarthy,

SPAN Ohio opposes the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost.

SPAN Ohio is a statewide organization that advocates for a health care system that meets human rights standards. Those standards include:

- Universality - everybody in, nobody out, no exceptions
- Equitable - services and resources are allocated to meet the needs of the people and funding is done in such a way to eliminate all barriers such as cost.
- Transparent - The health care system must be open with regard to decision making, information and management
- Participatory - the health care system must enable meaningful public participation in all decisions regarding people's right to health care.
- Accountability - the system must be accountable to the people it serves.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

How far does Ohio have to go to prove we hate poor people? This is an attitude based on the false premise that poor people are inherently lazy. As one Emergency Room physician in our organization said, "Many of the poor on Medicaid that I see work very hard, many with multiple jobs. They cut our hair, they wait on us at WalMart, they fix our cars." They also prepare the food you eat in restaurants and serve it to you. And, they are the people who take care of our loved ones in nursing homes and home health care.

During my mother's final illness, I was impressed with the home health aides who came to the house and helped my mother. Their work allowed my mother to die at home, where she wanted to be, surrounded by her family. Their work gave her the dignity her final days demanded. It is shameful that the state of Ohio wants to make it harder for these people to receive care they need and deny them the same basic human dignity they impart to our loved ones.

Again, SPAN Ohio opposes the proposed Healthy Ohio waiver.

Deborah Silverstein
State Director
SPAN Ohio

Zolinski, Sara

From: kclark_9711@fuse.net
Sent: Wednesday, April 20, 2016 11:02 PM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Wavier

Follow Up Flag: Follow up
Flag Status: Completed

April 20th 2016

Dear Director McCarthy:

I oppose the proposed Healthy Ohio 1115 Medicaid Wavier because it will disrupt coverage and increase cost.

City of Cincinnati Primary Care Board of Governors (CCPC)
The objectives of the CCPC board:

A. Arrange for the provisions of comprehensive preventive and primary care services to residents of the medically underserved areas of the city of Cincinnati.
B. To increase the accessibility of preventive and primary care services to uninsured and underinsured population groups which experience a shortage of primary care.
C. To assure that CCPC provides high quality preventive and primary care services
D. To develop an integrated safety net preventive and primary care program with other community health resources, ongoing public health services.
E. To support the Board of Health's objective of assuring that all city residents have access to an organized and coordinated system of health care.
F. To support the Board of Health in its efforts to make organized and coordinated primary and preventive health programs and services (such as well child, family planning, HIV and sexually transmitted disease prevention, diagnosis and treatment, cancer screening and immunization) available to the general population and especially to at-risk subgroups, including women in childbearing years, children, and ethic minorities.

In Ohio, 640,000 more Ohioans now have as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population , are enrolled in Medicaid. The wavier would create the following changes for over 1 million of Ohio's Medicaid population.

. Change enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.
. Medicaid enrollees can have their coverage terminated for non-payment of premiums.

. Institute health savings accounts and debits cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health saving accounts and cost sharing requirements on participants below the 100% of the FPL due to high administrative cost.

. The waver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans, I do not support the Healthy Ohio waves. In other words if it is not broken....

Respectfully,

Mrs. Kathleen Clark

Zolinski, Sara

From: Jake Goyden <jakegoyden@gmail.com>
Sent: Wednesday, April 20, 2016 6:23 PM
To: HealthyOhio
Subject: Healthy Ohio Program 1115 Demonstration Waiver

Follow Up Flag: Follow up
Flag Status: Completed

Dear Director McCarthy,

I am writing in opposition to the Healthy Ohio Program 1115 Demonstration Waiver. My opposition is informed by years of work as a paramedic and my current experience as a medical student. Health care, like education and the protection of the law, is a civil right fundamental to the function of a true democracy. Medicaid is intended to provide the poorest among us access to that care and protection from the massive costs of sickness. It offers people a margin of security and stability that they can use as they try to lift themselves out of poverty. Personal responsibility for one's health and finances are the ostensible goal of the proposal, but it instead pits them against each other. Demanding that Medicaid enrollees pay into and HSA will not increase their investment in their health. It will force them to forgo investment in their health so they can get through the month, week, and day. It is contrary to the whole purpose of Medicaid. Further, the imposition of caps on benefits is perverse. It only guarantees that a serious illness will mean bankruptcy, when it is patients with the most medical needs who also need to the most financial protection. If the proposal is not fundamentally revised or withdrawn, I will express my opposition to CMS.

Sincerely,
Jacob Goyden

Zolinski, Sara

From: Pamela E. Zipperer-Davis <p_zippererdavis@yahoo.com>
Sent: Wednesday, April 20, 2016 3:38 PM
To: HealthyOhio
Subject: Medicaid HSA Accounts

Dear Sir/Madame, I am in support of a 2% premium for ALL Medicaid beneficiaries, not just the highest wage earners. Thank you.

Zolinski, Sara

From: Mary Lee Boesewetter <HealingInsight@msn.com>
Sent: Tuesday, April 19, 2016 5:57 PM
To: HealthyOhio
Subject: Healthy Ohio

I oppose the proposed Medicaid waiver Section 1115 "Healthy Ohio" waiver. This is too expensive for the people. They can't afford to pay it and it won't solve the problem. Mary Lee Boesewetter 1396 Bobby Lane, Westlake, Ohio 44145

Zolinski, Sara

From: Kimya Moyo <moyokimya@yahoo.com>
Sent: Tuesday, April 19, 2016 3:41 PM
To: HealthyOhio
Subject: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Follow Up Flag: Follow up
Flag Status: Completed

April 19, 2016

Dear Director McCarthy,

I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.
Under "Healthy Ohio" if one can't afford to pay the premium, he or she will lose health coverage which will mean he or she will not be able to get the service needed. It is clear that you do not understand what it is like to be between jobs and to be in a position to not know how to care for a family on a daily basis. When life is like that, choosing between feeding children and personal health care, the concerned mother will always vote in favor of her children. Therefore, someone's health will be neglected and will inevitably decline. I understand one risks losing health care under the "Healthy Ohio" waiver if unable to pay the premium. Right now that is not an additional concern.
There are many people in this situation. These changes will create barriers to access to care for Medicaid eligible Ohioans. I do not support the Healthy Ohio Waiver and I am encouraging others to join me in this protest. The health of the future of my community is at risk.

Respectfully,

Dr. Kimya M. Moyo

When you center yourself in peace, all else around you ceases to feel hostile.

Kimya Moyo, Ed.D
Mathematics Consultant (University of Cincinnati, Cincinnati Public Schools)
Director (Sankofa Educational Enrichment Program)
The Malone Apartment-Homes
Cincinnati CARES
2240 Raeburn Drive
Cincinnati, Ohio 45223
513 602-6710 (cell)

Zolinski, Sara

From: James Miller <jbmilleresq@yahoo.com>
Sent: Monday, April 18, 2016 10:06 PM
To: HealthyOhio
Subject: Healthy Ohio not healthy in anyway

Follow Up Flag: Follow up
Flag Status: Completed

I am opposed to the cynically-named Healthy Ohio waiver.

- It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[1] It is estimated that almost 1 million Ohioans could lose coverage.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[2]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.
- Administration of these elements costs money. Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums.

How far does Ohio have to go to prove we hate poor people? Why are so many of the so-called "pro-lifers" in state government so opposed to healthcare access? Every other industrialized nation on earth considers healthcare a human right. We should be a leader in human dignity, healthcare, and human rights; not regressive. Healthy Ohio is fiscally irresponsible and morally repugnant.

The Ohio Medicaid program currently operates efficiently. The changes proposed in the waiver just complicate the whole system.

James Miller
Wooster, Ohio

Zolinski, Sara

From: Cena Buchannon <cena8130@gmail.com>
Sent: Monday, April 18, 2016 8:52 PM
To: HealthyOhio
Subject: Payment Requirements

Are you kidding me? The one decent thing Kasich has done is to expand Medicaid. Now he wants to make people who can't afford health care pay. If you are struggling to support your family, any payment is money you don't have. Republicans will not be happy until the poor pay the same percentage as the wealthy, which is ridiculous and inhumane.

Cena Buchannon
Huber Heights

Zolinski, Sara

From: Richard Mentz <rmentz5@gmail.com>
Sent: Monday, April 18, 2016 8:17 PM
To: HealthyOhio
Subject: section1115 'Healthy Ohio" waiver

Follow Up Flag: Follow up
Flag Status: Completed

we do not need another way to disadvantage the poor and complicate the system more than it already is.

Zolinski, Sara

From: Johnathon Ross <drjohnross@ameritech.net>
Sent: Monday, April 18, 2016 7:00 PM
To: HealthyOhio
Subject: My letter published in the Blade today.

Follow Up Flag: Follow up
Flag Status: Completed

I cannot believe that you are proposing making the poorest among us have to pay to get health care. I care for the poor and I see what out of pocket payments do to people. Just today I saw a low incomme working woman on medicaid under the ACA expansion who lost coverage and could not afford the modest premiums when she exceeded the income liimits by a few percent. . She hs been diabetic since childhood and did not get her insulin and ended up in our hospital intensive care and loss of vision in one eye. Weneed a system with everybocdy in and nobody out. There is legislation to make this change in Ohio and it has been introduced over and over but there are no hearings. If is called the Health Care for All Ohioans act. It would cover every Ohioan for less than we spend now with no significant copays or deductibles.
Here is my testimony in the form of letter to the Blade that was published today.

HOME → OPINION→ LETTERS TO THE EDITOR

Print Story

Published: Monday, 4/18/2016

LETTERS TO THE EDITOR

Improve, expand health programs

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Gov. John Kasich plans to cut Medicaid and save money ("Proposal would slash Ohio's Medicaid rolls," April 8). He will require poor and disabled Ohioans on Medicaid to pay into health savings accounts to keep coverage.

It's estimated that 160,000 will lose coverage altogether. The seriously ill and disabled cannot work for these payments. Those not seriously ill won't notice the lost coverage until they miss preventive care or chronic disease management they need and land in the emergency room or hospital. The doctors and hospitals will care for them. We are legally and morally obligated to do so. These unpaid costs will shift to others like private insurers and health-care premiums and co-payments will go up for the rest of us.

Higher out-of-pocket costs will not control overall health-care costs and lead to worse outcomes. We prove it every day in the United States. We have the highest out-of-pocket costs among rich nations. Yet, our health-care costs double others and our health outcomes are comparatively mediocre. Peer reviewed studies consistently show that out-of-pocket payments for health care are particularly harmful to the poor and elderly. They result in delayed care, disability, suffering, and death.

The best policy that will save money and save lives is to improve Medicare and expand it to all Americans. Best estimates confirm $400 billion and 40,000 lives saved yearly by doing so. Sadly, Mr. Kasich supports the same

old GOP (Gouge the Old and Poor) policies. Maybe he will bring back debtor prisons and poor houses too. Imagine Jesus kicking the poor and sick out of the Temple while comforting the money changers. Cruelty like this convinces me that Mr. Kasich should not be president.

JOHNATHON ROSS, MD, MPH

3468 Brookside Road

Toledo, Ohio 43606

Read more at Improve, expand health programs

Improve, expand health programs

Gov. John Kasich plans to cut Medicaid and save money ("Proposal would slash Ohio's Medicaid rolls," April 8). He will require poor and disabled O hioans on Medicaid to pay into health savings accounts to keep coverage. I t's estimated that 160,000

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Zolinski, Sara

From: JimWagner@Safe-mail.net
Sent: Monday, April 18, 2016 6:38 PM
To: HealthyOhio
Cc: hockinghillbilly@hotmail.com; ginwagner@safe-mail.net; jennifer.eris.wagner@gmail.com
Subject: The so-called "Healthy Ohio" waiver to Medicaid

Follow Up Flag: Follow up
Flag Status: Completed

To: HealthyOhio@medicaid.ohio.gov

The Ohio Legislature has required the state to apply for a waiver to the Medicaid program that will decrease participation, complicate the system unnecessarily, and cost the state more to deny care to poor people. The specific waiver Ohio is asking for has been named "Healthy Ohio," although it would be anything but healthy in practice.

Our family opposes the proposed Medicaid waiver. The waiver we oppose is the Section 1115 "Healthy Ohio" waiver. Not all waivers are bad, but this one certainly is.

We note that SPAN Ohio opposes the proposed waiver, and our family joins SPAN Ohio in opposition, because of the following points:

- It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted. It is estimated that almost 1 million Ohioans could lose coverage.

- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

- It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

- Administration of these elements costs money. Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums.

How far does Ohio have to go to prove we hate poor people? This is an attitude based on the false premise that poor people are inherently lazy. As one Emergency Room physician in our organization said, "Many of the poor on Medicaid that I see work very hard, many with multiple jobs. They cut our hair, they wait on us at Walmart, they fix our cars." They also prepare the food you eat in restaurants and serve it to you. And, they are the people who take care of our loved ones in nursing homes and through home health care.

The Ohio Medicaid program currently operates efficiently. The changes proposed in the waiver just complicate the whole system.

Thank you for listening to our requests.

Zolinski, Sara

From: Donna Hebdo <dhebdo@yahoo.com>
Sent: Monday, April 18, 2016 6:12 PM
To: HealthyOhio

Can you explain to me exactly WHAT is HEALTHY about making healthcare unavailable/too costly for Ohio's poor? I have retired friends who depend on Medicaid to get their healthcare because they simply can't afford premiums.
Don't be stupid! Be compassionate and wise!

Zolinski, Sara

From: jackjvh123@aol.com
Sent: Monday, April 18, 2016 4:39 PM
To: HealthyOhio
Subject: Medicaid waiver

We oppose the Medicaid waiver especially section 1115. Let's try to make things better, not worse Jack and Jan Van Horn. Zanesville. Oh. 43701

Sent from my iPad

Zolinski, Sara

From: Carol Rivchun <CRivchun@roadrunner.com>
Sent: Monday, April 18, 2016 4:30 PM
To: HealthyOhio
Cc: 'Marlene'
Subject: "Healthy Ohio"

Follow Up Flag: Follow up
Flag Status: Completed

I have just read the details of proposed “Healthy Ohio” legislation. This is an attack on the working poor of Ohio, an abuse of Medicaid and an assault to our democratic principles. Thousands more will die who are now covered by Medicaid. Please search your conscience and not pocketbooks, and PLEASE LEAVE MEDICAID ALONE! Until we have health care as a right in this State and across the nation, Medicaid and Medicare are lifelines to a healthy life.

Thank you!

Marlene Goldheimer
2635 Euclid Heights Boulevard #2
Cleveland Heights OH 44106

Zolinski, Sara

From: James Bailey <baileybuy@sbcglobal.net>
Sent: Monday, April 18, 2016 4:27 PM
To: HealthyOhio
Subject: So called HealthyOhio proposal

This bill is cynical and hateful. I vehemently oppose it. When are you going to begin thinking about the welfare of all the people instead for deliberately hurting our most vulnerable citizens just to make political points. You should be ashamed!

Zolinski, Sara

From: Austin Kuder <freedom3803@yahoo.com>
Sent: Monday, April 18, 2016 4:09 PM
To: HealthyOhio
Subject: charging medicaid patients

They are on Medicaid because they are poor, you morons.

Zolinski, Sara

From: Danielle Albert <danielle.a.albert@gmail.com>
Sent: Monday, April 18, 2016 3:55 PM
To: HealthyOhio
Subject: NO to the Section 1115 "Healthy Ohio" waiver

Follow Up Flag: Follow up
Flag Status: Completed

To whom it may concern,

I am writing to let you know I oppose the Section 1115 "Healthy Ohio" waiver.

This will decrease participation in the Medicaid program cutting off healthcare access to the poor.

I stand with the Single-Payer Action Network of Ohio who have drawn up the following points against the waiver:

- It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted. It is estimated that almost 1 million Ohioans could lose coverage.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.
- Administration of these elements costs money. Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums

I am urging you to discard the Healthy Ohio waiver.

Thank you,

Danielle Albert, Columbus, Ohio 43204

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Zolinski, Sara

From: Carl Wilhoyte <carlwilhoyte@gmail.com>
Sent: Monday, April 18, 2016 3:53 PM
To: HealthyOhio
Subject: AGAINST Section 1115 "Healthy Ohio" waiver

Follow Up Flag: Follow up
Flag Status: Completed

I am voicing my strong opposition to the so-called Section 1115 "Healthy Ohio" waiver. This turns a simple, easy access Medicaid system into an expensive, confusing mess that more closely resembles the worst practices of the health care industry before the ACA.

Make no mistake, this will cost people access to life-saving help if enacted.

Zolinski, Sara

From: Susan Righi <sprighi@gmail.com>
Sent: Monday, April 18, 2016 3:48 PM
To: HealthyOhio
Subject: I oppose Section 1115 the "Healthy Ohio" Medicaid waiver

Follow Up Flag: Follow up
Flag Status: Completed

I am a family physician who believes strongly that everyone deserves, as a human right, quality health care and there should not be barriers to receiving that care.

Section 1115 places many barriers in the way of poor people obtaining care and it makes bad economic sense for the state.

- It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[1] It is estimated that almost 1 million Ohioans could lose coverage.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums. Many working people can't afford premiums - that's why Walmart employees end up on Medicaid!
- It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[2]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.
- Administration of these elements costs money. Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums.

I oppose these changes and do not want them passed.

Susan Righi, MD, MPH
29830 SR 356
New Marshfield, OH 45766

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Zolinski, Sara

From: Mac Johnson <psmcovky@usa.net>
Sent: Monday, April 18, 2016 2:52 PM
To: HealthyOhio
Subject: I oppose "Healthy Ohio" Section 1115 Medicaid demonstration waiver

Dear Ohio Dept. of Medicaid,

I oppose "Healthy Ohio" Section 1115, Medicaid demonstration waiver.

The Ohio Medicaid program currently operates efficiently. Administration of proposed elements would cost money.

The changes proposed in the waiver would just complicate the whole system, cost the state more, and deny care to poor people. This waiver is a bad idea.

William M. Johnson
1120 Crooked Creek Lane
New Richmond, OH 45157

Zolinski, Sara

From: medicaid@medicaid.ohio.gov
Sent: Monday, April 18, 2016 2:25 PM
To: Schlagheck, Joan
Subject: Consumer Inquiry – Action Required (LS Activity)

Workflow Notification

Inquiry ID	JDOLL20160416400AM25
Inquiry Type	Inquiry Form
Inquiry Origin	Contact Us Page
Priority	3-Normal

Click here to view item

If a telephone number is given, please provide a summary of the telephone conversation with the constituent addressing his/her concerns in the line staff comments.

If a written or e-mail response is necessary, please attach a copy of the draft response for review and approval to the inquiry form.

***I have not verified the identity of the constituent(s) named above. All information within this inquiry is being forwarded to you as it was received. Please follow IPP.8102. when responding to this inquiry.**

*****Please DO NOT reply to this email*****

Zolinski, Sara

From: medicaid@medicaid.ohio.gov
Sent: Monday, April 18, 2016 2:25 PM
To: Schlagheck, Joan
Subject: Consumer Inquiry – Action Required (LS Activity)

Workflow Notification

Inquiry ID	SCOLLINS20160417400AM05
Inquiry Type	Inquiry Form
Inquiry Origin	Contact Us Page
Priority	3-Normal

Click here to view item

If a telephone number is given, please provide a summary of the telephone conversation with the constituent addressing his/her concerns in the line staff comments.

If a written or e-mail response is necessary, please attach a copy of the draft response for review and approval to the inquiry form.

***I have not verified the identity of the constituent(s) named above. All information within this inquiry is being forwarded to you as it was received. Please follow IPP.8102. when responding to this inquiry.**

*****Please DO NOT reply to this email*****

Zolinski, Sara

From: Ann Rader <annmrader@gmail.com>
Sent: Monday, April 18, 2016 2:22 PM
To: HealthyOhio
Subject: Section 1115

I oppose Section 1115, Healthy Ohio Waiver

Ann Rader
Newark, Ohio 43055

Zolinski, Sara

From: Anthony Bear <rev.atbear@gmail.com>
Sent: Monday, April 18, 2016 2:09 PM
To: HealthyOhio
Subject: Section 1115 "Healthy Ohio"

I oppose the proposed Medicaid waiver, Section 1115 "Healthy Ohio". The Ohio Medicaid program currently operates efficiently. The changes proposed in the waiver just complicate the whole system. It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. It is estimated that almost 1 million Ohioans could lose coverage. The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.
How far does Ohio have to go to prove we hate poor people?

--
Anthony T. Bear
Design Engineer

2806 Hudson Dr.
Cuyahoga Falls, Ohio 44221
rev.atbear@gmail.com

"Always leave a way out, unless you really want to find out how hard a man can fight when he's nothing to lose."
- Matrim Cauthon

Zolinski, Sara

From: Urmston, Benjamin <urmston@xavier.edu>
Sent: Monday, April 18, 2016 1:46 PM
To: HealthyOhio
Subject: Health for people of Ohio

I oppose the Section 1115 "Healthy Ohio" waiver which is **not** healthy.

Father Benjamin J. Urmston, S.J., PhD
www.xavier.edu/frben

Zolinski, Sara

From: Molly Brudnick <mollybrudnick@sbcglobal.net>
Sent: Monday, April 18, 2016 1:14 PM
To: HealthyOhio
Subject: Medicaid

Medicaid should not require co-pays, deductibles. It is a program that works as it is! It helps low income people so that they have health care and that is one reason why we pay taxes--to help the needy to help themselves so that they can contribute to society.
Molly Brudnick, retired medical social worker, 15925 Van Aken Blvd. #101E, Shaker Hts., Ohio 44120-5382

Zolinski, Sara

From: Friedman, Lynn <friedman@stat.osu.edu>
Sent: Monday, April 18, 2016 1:08 PM
To: HealthyOhio
Subject: Medicaid Waver, Section 1115 "Healthy Ohio" waiver

We oppose the Section 1115 “Healthy Ohio” Medicaid waiver. The premiums are unaffordable for many. It will complicate the process for using Medicaid. Please

leave the present Medicaid operation in place.

Avner and Lynn Friedman

Zolinski, Sara

From: Cooper, Nancy <coopern@ohio.edu>
Sent: Monday, April 18, 2016 1:07 PM
To: HealthyOhio
Subject: Waiver will reduce Medicaid enrollment

HI: I am writing to express my concern over Healthy Ohio. Requiring Medicaid patients to participate in cost sharing will create a barrier to access. I live in one of the poorest counties in the state - 1/3 of people are on Medicaid and there are some schools at which 100% of kids are on subsidized lunch.

Research has shown that cost sharing – even $5 – creates barriers to access to care for the poor.

Asking the poor to share in the cost of care is akin to getting blood out of a turnip. They have too many other priorities – rent, transportation, food.

The waiver will not only decrease care to a vulnerable population, including children, it will increase administrative costs of the Medicaid program. Someone will have to keep track of all those payments and non-payments and stay busy kicking people off the rolls.

Governor Kasich did a brave thing expanding Medicaid in a Republican state – and now he is pandering to the right in order to garner votes for a hopeless presidential campaign. Shame on him. NC

Nancy Cooper
Coordinator, Health Policy Fellowship
Ohio University Heritage College of Osteopathic Medicine
307 Grosvenor Hall
Athens, OH 45701
740-593-2017 (office)
740-707-8425 (cell)
740-593-1730 (fax)
coopern@ohio.edu
https://www.ohio.edu/medicine/education/graduate-education/fellowship-programs/health-policy/index.cfm

Zolinski, Sara

From: bkrasen@wowway.com
Sent: Monday, April 18, 2016 12:55 PM
To: HealthyOhio
Subject: Healthy Ohio, is anything but...

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

The Ohio Legislature has required the state to apply for a waiver to the Medicaid program that ***will decrease participation, complicate the system unnecessarily, and cost the state more to deny care to poor people.*** The specific waiver Ohio is asking for has been named "Healthy Ohio," although it would be anything but healthy in practice.

As members of SPAN Ohio, we oppose the proposed waiver because of the following points:

- ***It would charge enrollees unaffordable premiums.*** Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted. [1] It is estimated that almost 1 million Ohioans could lose coverage.
- ***Medicaid enrollees can have their coverage terminated for non-payment of premiums.***
- ***It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid.*** Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[2]
- ***The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act.*** Medicaid recipients should not be subject to caps which are now illegal.
- ***Administration of these elements costs money.*** Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums.

How far does the Ohio Legislature have to go to prove we hate poor people? This is an attitude based on the false premise that poor people are inherently lazy. As one Emergency Room physician in our organization said, "Many of the poor on Medicaid that I see work very hard, many with multiple jobs. They cut our hair, they wait on us at Walmart, they fix our cars." They also prepare the food you eat in restaurants and serve it to you. And, they are the people who take care of our loved ones in nursing homes and through home health care.

The Ohio Medicaid program currently operates efficiently. The changes proposed in the waiver just complicate the whole system.

We oppose the proposed Medicaid waiver, Section 1115 "Healthy Ohio" waiver. ***Not all waivers are bad, but this one certainly is.***

Sincerely,

Bob & Rita Krasen
566 Blenheim Rd

Columbus OH 43214
614.261.0754
bobkrasen@gmail.com

Zolinski, Sara

From: Marcia Hartman <mhartman134@frontier.com>
Sent: Monday, April 18, 2016 12:50 PM
To: HealthyOhio
Subject: Section 1115 - Health Ohio Waiver

Dear Sir or Madame
I am taking advantage of the public comment period to write in opposition to the Healthy Ohio Waiver -- Section 1115. I work in my local food pantry where the people who were benefited by the Medicaid expansion come to stretch their food dollars. We heard many moving stories when people got on Medicaid for the first time -- like the woman whose mother died from colon cancer and she was experiencing symptoms that could have spelled the same fate for her and couldn't afford a colonoscopy or other testing. Medicaid allowed her to be tested and put her mind at rest -- and that is just one of many similar benefits that people experienced.
These are not lazy irresponsible people. They are either working or too disabled or elderly to work or unable to find a job in our area with relatively high unemployment. When we review our records, we find that people are not dependent on us -- that the majority of people do not use the pantry every month -- just when they need to.
Studies show that co-pays or deductibles or whatever extra charges there are to get health care discourage people from seeking care.
The little bits of money that you can wrench out of these struggling people are not worth the effort. Let people have health care -- what a horrible thing to deny folks!

Marcia Hartman
P.O. Box 454, 117 E. Main
New Concord, Ohio 43762

Zolinski, Sara

From: Jen Wendeln <jjwendeln@gmail.com>
Sent: Monday, April 18, 2016 12:35 PM
To: HealthyOhio
Subject: Oppose Medicaid waiver "Healthy Ohio"

I oppose the proposed Medicaid waiver. Section 1115 "healthy Ohio" would do the exact opposite, of making people healthy. Please do not ruin the healthcare that has helped thousands of Ohioans! Each one a hardworking person who has a story and whose life could be profoundly hurt by enacting these new Medicaid proposals.

I oppose the waiver based on these reasons:

- It would charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[1] It is estimated that almost 1 million Ohioans could lose coverage.
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.
- It would institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[2]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.
- Administration of these elements costs money. Virginia ended a premium program when they found it cost them $1.39 to collect $1.00 in premiums.

Please get rid of the waiver!

Jennifer Wendeln

Zolinski, Sara

From: Meredith Armbruster <meredithlee315@yahoo.com>
Sent: Monday, April 18, 2016 12:29 PM
To: HealthyOhio
Subject: oppose Section 1115

I oppose is the Section 1115 "Healthy Ohio" waiver. I work for the Alzheimer's Association and many of the people we serve are enrolled in Medicaid. I have very serious concerns about the changes. This population will not be able to pay the premiums, manage a health savings account, or will lose benefits all together. Please keep it as is. Thank you.

Meredith Finley, MA
(847)309-2042

Zolinski, Sara

From: Mary O'Shea <moshea@clevelandfoodbank.org>
Sent: Monday, April 18, 2016 12:20 PM
To: HealthyOhio
Subject: Attn: Healthy Ohio Program 1115 Demonstration Waiver

April 18, 2016

Dear Director McCarthy,

I am writing to express deep concern about the proposed Healthy Ohio 1115 Medicaid Waiver.

The mission of the Greater Cleveland Food Bank is to ensure that everyone in our communities has the nutritious food they need every day. We serve six counties in Northeast Ohio: Cuyahoga, Lake, Geauga, Ashtabula, Richland and Ashland. Last year the food bank made possible more than 45 million meals in our six county area.

Every four years we conduct a Hunger Study in which we interview clients of food pantry and hot meal programs. The data confirm that our clients are struggling with health issues. In the last study we learned that 30% of households we serve include someone with diabetes and 61% include someone with high blood pressure. Moreover, we found that 62% of our clients report choosing between buying food and paying for medical care. They struggle to pay for housing and utilities as well. For our part, we work hard to provide nutritious food -including fresh fruits and vegetables grown in the State of Ohio - to our clients to help them manage these diet-related illnesses. In addition to nutritious food, diabetes and hypertension require medical management in order to avoid expensive trips to emergency rooms.

Requiring even modest contributions to health savings accounts will result in the loss of health benefits for many Ohioans enrolled in Medicaid. Even if some of these families could afford to pay into health savings accounts occasionally, it is unlikely that families who struggle with every necessity of life that most of us take for granted could consistently make premium payments, and they would lose the benefit as a result. These families cannot afford to lose their coverage.

The proposed changes are short-sighted and will be expensive to implement, as they have been in other states. The Governor was right to expand Medicaid in Ohio, and this waiver would be a giant step backwards.

I thank you for the opportunity to comment.

Mary O'Shea
Director of Advocacy
GreaterClevelandFoodBank.org
216.738.2135

Zolinski, Sara

From: Kosinski, Jake M. <kosinski.14@buckeyemail.osu.edu>
Sent: Sunday, April 17, 2016 12:19 PM
To: HealthyOhio
Subject: concerns about Healthy Ohio Medicaid waiver

As a longtime Ohio resident and a graduate student in the public health field, I was greatly alarmed to read about the Healthy Ohio plan to roll back many of the benefits of the Medicaid expansion. In my public health program at Ohio State we often talk about how to help people who face barriers to care, and how to confront problems like poverty and racial discrimination. The Medicaid expansion has begun to improve the health of the most vulnerable groups in the state. Healthy Ohio would ruin all of the progress that has been made and move Ohio backwards in time. The Medicaid expansion has been a success. There is no reason to get rid of it simply for political reasons. I deeply hope you take these concerns to heart and realize that ending the Medicaid expansion will negatively affect the course of many people's lives and most likely lead to deaths and other serious health problems that might otherwise have been prevented.

Jake Kosinski

Zolinski, Sara

From: Jack Holdford <hold4d@gmail.com>
Sent: Sunday, April 17, 2016 8:27 AM
To: HealthyOhio
Cc: info@uhcanohio.org
Subject: Comment

The government should not be in the business of guaranteeing that citizens save for co-pays. This is not required for mandatory auto insurance so do not require it for health insurance.

Jack Holdford
Columbus, Ohio

Zolinski, Sara

From: ruth farthing <farthingr2000@yahoo.com>
Sent: Saturday, April 16, 2016 6:34 PM
To: HealthyOhio
Subject: Public Comment "Healthy Ohio" Medicaid Waiver

As a RN, mother, concerned citizen and a person of faith, I am appalled that the Ohio State Legislature would work to make it difficult for people to get health care. Healthcare is something that everyone needs, and the Medicaid expansion finally means that more low-income people are getting preventive health care instead of waiting until they have an emergency. This saves all of us money, since uninsured people who show up at the emergency room mean an increase in health costs to everyone who is insured. As a nurse, I know that preventative care, also leads to better health outcomes. Making sure that people have primary care to keep diabetes, heart disease, and mental health controlled, means they can lead more productive lives. Their families can lead more productive lives too, since health affects the entire family. As a relative of an adult who now has Medicaid , I know the barriers that have been lowered to getting healthcare since Medicaid was extended. No longer does the relative worry that they can't get medication that they need or find a healthcare provider who will accept them as a patient. "Health Savings" accounts are a bad idea as are requiring premiums. These are barriers to health care, not ways to make people more responsible. The Legislators' job is to serve the people of Ohio. This includes the poorest and most vulnerable.
Sincerely,
Ruth Ann Farthing

Zolinski, Sara

From: khadler@aol.com
Sent: Friday, April 15, 2016 9:59 PM
To: HealthyOhio
Subject: Waiver

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

April 15.2016

Dear Director McCarthy,

I am writing to express my total outrage about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

As a physician practicing in Ohio, I have seen the benefits to our citizens health by the Medicaid expansion. To curtail this program now could do great harm to our citizens that are most in need. It will also likely result in increased health costs by curtailing service when needed.

My opposition to the 1115 waiver as written stems from my values and beliefs that:

- Everyone who lives in the United States deserves health coverage that provides affordable access to quality care.
- As a matter of economic justice, financial barriers to receiving care should be minimized for everyone, especially people with low or no incomes.
- All people are equal in the eyes of the Lord and are deserving if fair treatment.

My specific concerns address the following areas of interest to CMS:

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No, the small monthly fee being charged to even the poorest patients can be a burden for poor people living paycheck to paycheck with unexpected emergency expenses. Then falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid.

Does the waiver increase access to and strengthen providers and provider networks?

- No, it does exactly the opposite. The bureaucratic requirements to comply with the waiver will place significant burdens on the front office staffs of institutions serving Medicaid patients, as well as the managed care companies in which the patients are enrolled. Many providers will want to help pay contributions into their patients' Buckeye Accounts in order to assure their

own reimbursement for services rendered. But because they are forbidden to pay the whole amount, doing so will become an accounting nightmare for them.

Does the waiver improve health outcomes for Medicaid and other low income populations?

- Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly 'contributions' under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates.
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and make using Medicaid more complex. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to 'prepare' people for the commercial market. I am of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. They are an unproven innovation that, for people with chronic and serious problems, will likely decrease efficiency and quality of care. With high deductibles and health savings accounts, the U.S. will go from a crisis of uninsurance to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, I will recommend to CMS to reject this proposal in its entirety.

Respectfully,

Kenneth Adler M.D.

Zolinski, Sara

From: Diana Stewart <msd123@roadrunner.com>
Sent: Friday, April 15, 2016 3:13 PM
To: HealthyOhio
Subject: Medicaid

I am a primary care physician in Ohio and would suggest one change to the current Medicaid system. I do not believe that patients should pay premiums since to qualify for the program they need to have a fairly low income and it seems to defeat the purpose of the program. I do feel that these patients should have at least a small copay that is required when they visit the ER or an Urgent Care center. We have many Medicaid patients in our practice and many of them use the ER for their primary care and minor issues because it is convenient and they don't have to pay. This overloads the ERs and potentially delays treatment of other sick patients. They don't show for their appointments with their PCP but will go to the ER instead. The patients with insurance usually do not go to the ER unless it is absolutely necessary partially because of high copays for this care.

Diana Stewart

Zolinski, Sara

From: Mary P Clark <gcpropertymanagement@gmail.com>
Sent: Tuesday, April 12, 2016 12:46 PM
To: HealthyOhio
Subject: Re "Healthy Ohio"

Dear Director McCarthy,

This is outrageous. I oppose the “Healthy Ohio” Medicaid Waiver. The proposed changes will make health care unaffordable for me and the 1 million other low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care. Deaths will result.

My current Medicaid coverage (finally obtained in 2014) allowed me to get treatment for cancer and for type 1 diabetes. I work, am a real estate agent, am a caretaker for my elderly mother and cannot obtain healthcare anywhere except Medicaid. I did not have any access to any healthcare for 13 years. The costs of insulin almost bankrupted us. I lost just about everything I had after my healthcare coverage was removed in 2001 for the crime of being a working diabetic. I survived.

Under “Healthy Ohio” if I can’t afford to pay my premium, I will lose my health coverage which will mean I won’t be able to get chemotherapy and insulin. What an absolute outrage. Of course we can't afford the premiums. That is why we are on Medicaid. We have no choice. We work and are kept in poverty by medical needs/costs. Who thinks we would "choose" this? Who "chooses" cancer and diabetes and suffering and the resulting poverty?

Patients are already paying costs for items/services/products not covered by Medicaid. Our lives are already nearly impossible. Now, GOP politicians in Ohio are playing more games with healthcare for purely political reasons, as usual.

The constant filings with the Supreme Court to block healthcare access for working Americans did not serve as intended for the GOP in Congress, so now the states have to attempt to stop healthcare access. Killing Americans never makes any difference to the GOP--they serve insurers first. This is the well known history of the attempts to block healthcare for working Americans. It is the most horrendous activity our corrupt politicians engage in. 48,000 Americans died each year due to this corruption in Congress and the expansion of healthcare access under the Obama administration has saved millions of lives and tax dollars already.

Why should working, chronically-ill, poor Ohioans have to endure this additional insult from our taxpayer-supported political players?

What on earth would prompt these wealthy individuals to take time to again attack the chronically ill, working poor in Ohio? John Kasich and others have taxpayer supported benefits and income already. We pay for that. While legislation sits in the statehouse and work never gets done, we see more destructive activity headed our way. This idea is complete nonsense. We have come to expect this from Kasich.

Ohio politicians need to leave Medicaid alone. What a complete waste of taxpayer dollars and time this entire idea has been.

Ohioans have had enough of this harmful activity. We work, we pay bills, we endure chronic illnesses, we take care of others and never ask for anything. We have suffered enough. This behavior from these disgusting politicians is beyond abominable.

As long as I live, I will never forget these attempted assaults on the chronically ill and poor in Ohio. I never thought I would see the day I would see this activity in this country. This is America?

I am proud to be a cancer survivor and working, type 1 diabetic. I also take care of others and volunteer. I am so glad to be here to speak the truth. Others did not survive. I will take my time during my lunch break at work today to speak out for them.

Sincerely,

Mary Clark

Cincinnati OH

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Monday, April 11, 2016 1:23 PM
To: HealthyOhio
Subject: Re: Request of clarification

People stable on the waiver with mental health centers should be left alone. If they change meds or doctors they could become UNstable and end up institutionalized in jail or the hospitals. Mentally ill are very unstable if any changes from their stable environment come about. THIS IS MY MESSAGE. Please take it forward.
Thank you. I'm available for details if you would like them. I'm also an ex employee of the Dept. of Mental Health. Thanks.
Lynne Thomas
614 578 7436

On Mon, Apr 11, 2016 at 10:18 AM, HealthyOhio@medicaid.ohio.gov <HealthyOhio@medicaid.ohio.gov> wrote:

> Thank you for your email. We appreciate your input on the draft Healthy Ohio waiver.
>
> The full draft waiver will be available by April 15, 2016 on the Medicaid website for your review. This draft will have more detail about the two Medicaid eligibility groups that would be included in the Healthy Ohio waiver. MyCare is currently not in the draft eligibility requirements for Healthy Ohio.
>
> We will take your comments into consideration as we finalize this waiver. We project that the waiver will be submitted to the federal government for approval in mid-June.
>
> Bureaus of Policy Management and Development
>
> Ohio Department of Medicaid
>
> **From:** lynne a [mailto:jaylynhushmail@gmail.com]
> **Sent:** Saturday, April 09, 2016 11:41 PM
> **To:** HealthyOhio <HealthyOhio@medicaid.ohio.gov>
> **Subject:** Request of clarification
>
> Re: health BUCKEYE savings account and COPAYS
>
> In Healthy Ohio code it says:

while the member-contributed funds will be used to pay for the member's required copayments, as well as additional qualified medically necessary services. The Buckeye Account will also be used to collect incentive dollars earned by the member for completion of specified healthy behaviors, such as completion of a smoking cessation program. The Buckeye Account is designed to actively engage members in managing their healthcare expenses while exposing the individual to the costs of their care. This exercise not only encourages appropriate use of the healthcare delivery system but also prepares the individuals to transition from the program and enter the commercial market. In addition, members can earn financial rewards to enhance their Buckeye Account by completing specified healthy behaviors

SO would people on the Mycare Waiver be in this Buckeye Account?

(VI) who would be eligible under the State plan under this title if they were in a medical institution, with respect to whom there has been a determination that but for the provision of home or community-based services described in subsection (c), (d), or (e) of section 1915 they would require the level of care provided in a hospital, nursing facility or intermediate care facility for the mentally retarded the cost of which could be reimbursed under the State plan, and who will receive home or community-based services pursuant to a waiver granted by the Secretary under subsection (c), (d), or (e) of section 1915, ??? "home and community-based services"

SO would people on the Mycare Waiver be in this Buckeye Account?

And what about mental health centers that care for these severely mentally disabled? Would that be continued or replaced by another such agency?

My daughter gets 831$ a month. She is in Mycare Medicaid. She has the Mycare Medicaid Waiver. She is permanently disabled. Is she qualified to be in this Healthy Ohio program? Or is she exempt?

I've written before but gotten no answer. If you don't know the answer, would you kindly give me the contact information for who can answer my questions please?

Thank you.

Lynne Thomas

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Saturday, April 09, 2016 11:41 PM
To: HealthyOhio
Subject: Request of clarification

Follow Up Flag: Follow up
Flag Status: Completed

Re: health BUCKEYE savings account and COPAYS

In Healthy Ohio code it says:

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Thank you.

Lynne Thomas

Zolinski, Sara

From: Belinda Niswonger <bdniswonger@gmail.com>
Sent: Saturday, April 09, 2016 8:59 AM
To: HealthyOhio
Subject: Comments regarding Healthy Ohio proposal

Follow Up Flag: Follow up
Flag Status: Completed

I applaud the changes that are occurring under the Medicaid program. I am a social worker and have assisted individuals through these changes. As we know change is difficult and implementing new programs and changing culture is challenging. I reviewed the program and agree with the goals and objectives.

GOALS & OBJECTIVES
The Healthy Ohio Program will introduce enrollees to a consumer directed healthcare model, in which members will be incentivized to utilize the healthcare delivery system in a cost-conscious manner. In addition, the demonstration project will implement a variety of initiatives aimed at encouraging members to seek employment and private market coverage.
The goals for the Healthy Ohio Program include:
1. Promoting member engagement in health and personal responsibility, including the appropriate use of healthcare services; 2. Increase the use of preventive services by members; 3. Increasing provider engagement in member healthy behaviors; and 4. Increasing the number of commercially insured individuals.

I do have concerns regarding individuals who are age 60 and over. Specifically for those who are enrolled in the Passport Waiver program or living in a long term care facility receiving Medicaid and not deemed "disabled". After reading the proposal it appears that these individuals will be required to enter the program. This program is designed for a younger population who will benefit from the education and services to assist them in transitioning from State sponsored insurance to the private sector.
What safeguards, if any, will be in place for the population group over age 60 who are receiving Passport Waiver services or residing in long term care facilities. Will these individuals be required to participate in the Healthy Ohio program and deposit 2% or their income into the Buckeye Account.

Sincerely,
Belinda Niswonger LISW-S

Zolinski, Sara

From: smorgen@juno.com
Sent: Saturday, April 09, 2016 8:51 AM
To: HealthyOhio
Subject: Proposed waivers

Outside of the fact that I think it's a bad idea to limit provision of healthcare, the one thing that jumped out at me from news reports, and which no one seems to have commented on, is why cancers that occur in females are the ones for which payment is supposed to be increased. Why are these selected? I don't see anything about prostate cancer, for instance. Women earn less in general - what is the justification for this?

Simone Morgen

Zolinski, Sara

From: BARNBAUM, DEBORAH <dbarnbau@kent.edu>
Sent: Saturday, April 09, 2016 8:48 AM
To: HealthyOhio
Subject: Please be data driven and reject this proposal

Dear Legislators,

I am writing to urge you to make decisions based on facts, not on ideology, and reject the new proposal to increase the financial burden on Medicaid eligible citizens.

Please review the recent data from Texas that shows that a cut in healthcare funding to its poorest citizens resulted in a greater number of births, thereby raising the ultimate tax burden for *all citizens* substantially. If your goal is to save money, this is not the way to do it.

Thank you in advance for your due diligence in carefully researching the implications of your policies so as to benefit the citizens of Ohio.

Deborah Barnbaum, PhD

Professor and Chair | Department of Philosophy| 320 Bowman Hall
Kent State University| Kent, OH 44242-0001 | ph: 330 672-0267| fax: 330 672-4867

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Zolinski, Sara

From: Ben Miladin <bmiladin@gmail.com>
Sent: Friday, April 08, 2016 10:10 AM
To: HealthyOhio
Subject: Comments on Health Ohio Waiver

To Whom It May Concern:

I am appalled that Ohio would submit a proposal for a Medicaid waiver that would go against federal law in restricting coverage to Medicaid. This proposal is mind-boggling in its complexity, and that complexity will certainly serve as a barrier to people obtaining treatment. In this way, it is the height of the "big government overreach" that Republicans so often claim to be against. In addition, this proposal assumes that impoverished people will have the resources to pay for the premiums in this proposal, which is false. The massive disenrollment from the Medicaid program that this will cause will endanger our state's economy, as millions of free federal aid will stop flowing into the state. States that have studied the effect of the Medicaid expansion on their state economy have found significant economic benefits, and the Republican party's disregard for the health of our economy and the jobs of Ohioans in hospitals and health clinics on this issue is truly frightening.

Finally, it's worth noting that the HSA model, when employed in the private sector, has been ineffective in controlling costs. Creating HSA equivalents for the impoverished will be just as difficult to use and just as ineffective as they have been in the private sector.

Thank you for listening to my comments about this dangerous proposal.

Ben Miladin, LISW-S

Zolinski, Sara

From: Waite, Pamela <pamela.waite@chanet.org>
Sent: Friday, April 08, 2016 8:23 AM
To: HealthyOhio
Subject: Comments on the Healthy Ohio Program

To whom it may concern:

I would be in complete support of the assessment of premiums for Medicaid recipients who are NOT disabled and are above the 100 percent poverty line.
The reason I support this effort is twofold:

1. Something free has no value and is not appreciated
2. As Medicaid has expanded, it only makes sense that costs need to be controlled in order to keep it expanded for the citizens of Ohio

I have been in the psychiatric field for more than 30 years and I recall that in the early 80s, at a community mental health agency, charged the patient a mere
25 cents just so that they knew their counseling had value.

This is my personal opinion and I am not representing any organization.

Thank you,

Pam Waite, MSN, RN-BC,MHSA

Zolinski, Sara

From: lynne a <jaylynhushmail@gmail.com>
Sent: Thursday, April 07, 2016 11:49 PM
To: HealthyOhio
Subject: eligibility Healthy Ohio Program 1115 Demonstration Waiver

Follow Up Flag: Follow up
Flag Status: Completed

I'm wanting to know if my daughter will be affected by the
Healthy Ohio Program 1115 Demonstration Waiver please.
She is on SSD/SSI, she is permanently disabled and is on the Mycare Home Waiver. It is a Medicaid waiver and her Medicaid is managed by Aetna.
Thank you very much.
Lynne Thomas

Zolinski, Sara

From: Anita Rich Schoch <2801anitaschoch@gmail.com>
Sent: Thursday, April 07, 2016 7:39 PM
To: HealthyOhio
Subject: medicaid of ohio

to whom it may concern:
i single mom of disable adult with severe diabeties. i did for years . i made sure my daughter had insurance. unfornately i worked on jobs i didnt work enough hours to get insurance.2011 my daughter health turn for the worse her diabetes became a everyday thing. during this time client i was working for needs more medical homecarevi was out of a job. could not get unemployment ,could not get food stamps becuse of my assets. i couldnt get medicaid becuse of my assets.
when became obama care income level was higher . i able to qualify. had to pay i would not do becuse i dont have ny extra money to afford it .we are on tight budget .obma care gives us piece of mind having insurance .
sincerly
anita schoch
3406 meadowbrook
cleve hts ohio 44118
e mail 2801anitaschoch@ gmail.com

Sent from my iPad

Zolinski, Sara

From: carolyn fowler <carolynfowler@yahoo.com>
Sent: Thursday, April 07, 2016 3:33 PM
To: HealthyOhio
Subject: HSA

Adding HSA accounts wil unnecessarly burden clients and multiply paperwork and busy work for additional personnel that will add little or nothing to the welfare of the needy.

Zolinski, Sara

From: Michael Culp <Michael@nwocarenet.org>
Sent: Wednesday, April 06, 2016 6:01 PM
To: HealthyOhio
Subject: medicaid waiver

Medicaid expansion for election time of Kasich, now the people who are getting covered are the ones who will end up suffering ….he knew the state would tolerate the expansion but he also knew it would help his reelection plans.
The most unbelievable part is the limit on coverage amounts at today's charges for health care it will not take long to exhaust these limits, as fro the HAS most of these people will not be able to fund these accounts and will not qualify for the insurance….If the state could not afford to cover these people the politicians in this state should not have passed the expansion.

Michael Culp

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April 15, 2016

Dear Medicaid Staff,

A Mayfield Heights female resident in her early 60's, living in a senior efficiency apartment, is among those Ohio residents who will be adversely impacted by the change in Medicaid benefits as described in the proposed 1115 Medicaid Waiver. She currently lives on approximately $700 per month and owns her clothing, a mattress and box spring, three folding chairs and an older style portable television. The following is her response when asked how the change may impact her life:

> "What impact will the change (Waiver 1115) in Medicaid have on my life? I will struggle. I spent a lot of time taking care of my parents who were both ill and needed 24 hour care. They couldn't afford to pay someone to come into their home and take care of them. I guess I could have worked full-time, but what would have happened to them? I gave up full-time work, because I was a full-time caregiver.
> Now that my parents have both passed away, everything has changed and it is so much harder to be alone. I go to the women's shelter for therapy. On the way there, I see the new construction, hotels and expensive apartments. At the shelter, I see all of the women outside. I think of how we struggle. It seems like there aren't any excuses to use land and resources for buildings to make the lives of rich people better, but there's always a reason not to do something for the poor. Even when we do have something, we are asked to give something else up. I finally have my own place in a senior apartment building, but my food stamps were reduced to $16 per month. I struggled to find food and am so grateful for what I have been given, but now I am going to have to give up more for health insurance. I don't know I will afford it, but I can't live without it, I have to see my doctors and I need my medication. I am trying so hard to live a healthy life, to eat right, to go to my appointments. I guess if I could just ask the government one question about this, I would ask them why are they doing this to us?"

When deciding that people living in poverty should contribute to their own healthcare, please remember that many of them have already "paid" by living a difficult and at sometimes traumatic life. No one chooses poverty, but placing additional burdens on them is now a choice you will need to make.

Thank you for your consideration and time,

Beda Madden, MSSA, LISW
Community Services Project Coordinator
Outreach Worker
440-442-2628

- **"Lock-out" provision for enrollees who fail to pay a monthly premium for 60 days.** The proposed "lock-out" would continue until the enrollee paid all outstanding premium costs. This "lock-out" would result in no health care coverage for the individual affected, without consideration of extenuating circumstances that may have led to inability to pay the monthly premium.

- **Modified health savings accounts and debit cards for co-pays and other health care related costs for enrollees.** Implementing and administering such a system will be very costly and create more complexity for Medicaid enrollees utilizing their health care benefits. The state of Arkansas recently eliminated its system of health savings accounts and cost-sharing requirements for participants at or below 100% of the federal poverty level due to high administrative costs in running the system.

- **Annual and lifetime benefit caps.** The proposed waiver includes annual and lifetime benefit caps for the Healthy Ohio Program are not allowable under the Affordable Care Act.

As included in the proposed 1115 waiver application, these changes outlined above would negatively impact approximately 41% of the current Medicaid population, which also happens to be our state's most vulnerable population. Therefore, the Cuyahoga County Board of Health does not support the Healthy Ohio waiver application in its current form, given the aforementioned deleterious provisions.

Thank you for the opportunity to comment on the proposal.

Sincerely,

Terrence M. Allan
Health Commissioner

5550 Venture Drive ♦ Parma, Ohio 44130
Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ TTY: 216-676-1313 ♦ www.ccbh.net
Terrence M. Allan, R.S., M.P.H. Health Commissioner

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

April 19, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

RE: Written Comments on the Healthy Ohio 1115 Medicaid Waiver Application

Dear Director McCarthy:

The Cuyahoga County Board of Health (CCBH) is submitting this written commentary regarding the 1115 Medicaid Waiver Application because of its potential to disrupt coverage and negatively impact the health of our state's most vulnerable population.

The mission of the CCBH is to work in partnership with the community to protect and improve the health and well-being of everyone in Cuyahoga County. Our agency's vision is to create the conditions in which all people who live, learn, work and play in our county have the opportunity to be healthy, and our values include health equity, integrity, partnership and innovation. Our health jurisdiction includes 57 municipalities and serves a population of over 850,000 residents.

Ohio's 2014 extension of Medicaid coverage to adults up to 138% of the federal poverty level has been a major success. As you are well aware, over 640,000 more Ohioans now have health insurance coverage that allows for access to both prevention and treatment services.

Approval of the currently proposed 1115 waiver would create a number of unintended negative consequences for over 1 million Ohioans currently covered by Medicaid, including the following:

- **Imposition of an annual premium regardless of where a covered individual falls on the federal poverty level scale.** Imposition of premiums in other states has directly contributed to declines in enrollment. Declines in enrollment will result in an increase in Ohioan's without health care coverage, leading to increased use of emergency rooms for health care needs which results in increased costs to the health care system. In the state of Oregon, Medicaid enrollment dropped by 77% following the imposition of annual premiums.

5550 Venture Drive ♦ Parma, Ohio 44130
Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ TTY: 216-676-1313 ♦ www.ccbh.net
Terrence M. Allan, R.S., M.P.H. Health Commissioner

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Rep94@ohiohouse.gov

Committees
Agriculture & Rural Development
Education
Finance

Debbie Phillips
State Representative

Director John McCarthy
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, Ohio 43218

April 20, 2016

Director McCarthy,

We write to express deep concern that the most vulnerable Ohioans will be punished by healthcare restrictions being pursued by the state. By forcing the working poor to pay additional fees, and penalizing them if they cannot (or if they get too sick), the Healthy Ohio program erects severe barriers to access to affordable healthcare.

As members of the General Assembly, we have heard firsthand from countless individuals and organizations representing the working people that would be most affected by this new program. Their message was clear: requiring working people in poverty to pay premiums for essential healthcare services will deny access to healthcare coverage for those who need it most. Tara Britton, from the Center for Community Solutions, testified that Ohio's Medicaid churn rate will likely increase under Healthy Ohio.[1] Others put it more bluntly, providing evidence that requiring premiums or other payments in Medicaid will push people out of the system and only worsen the lives of vulnerable Ohioans and our state as a whole.[2]

Requiring additional fees to receive healthcare, whether they be premiums, health savings accounts, or the strange amalgamation of the two that is the Healthy Ohio Plan, has been shown repeatedly to worsen health outcomes, push people away from care, and become a bureaucratic and administrative burden on taxpayers.

A 2014 study in Health Affairs found that a $10 increase in premiums for those above 101 percent of poverty saw a 6.7 percent reduction in Medicaid and CHIP coverage.[3] When Oregon raised fees, the drop off was starker. Nearly 50 percent of people lost coverage in just nine months.[4] Given that you estimate over 130,000 Ohioans will lose Medicaid coverage each year[5], how many are a result of

[1] Britton, Tara. The Center for Community Solutions. Testimony before the House Health and Human Services Subcommittee, March 11, 2015 http://goo.gl/DFTQvE
[2] Levine, Cathy. UHCAN Ohio. HB 64 testimony before the Ohio House Finance Committee. April 16, 2015. http://goo.gl/xWUqMH
[3] Abdus, S., Hudson, J., et al. Children's Health Insurance Program Premiums Adversely Affect Enrollment, Especially Among Lower-Income Children. Health Affairs, 2014 Aug; 33(8) http://goo.gl/uZs2QU
[4] Patton, Wendy. Healthy Ohio plan is bad medicine. Policy Matters Ohio. http://goo.gl/EscErW
[5] Ohio Department of Medicaid, Healthy Ohio Program 1115 Demonstration Waiver Summary http://goo.gl/VAhcTG

churn, and how many of those do you expect to be uninsured? How were those numbers calculated and what are they based on?
Exhaustive research shows that not only do low-income people pay more as a percentage of their income towards healthcare than the wealthy, but that premiums and fees in Medicaid and other programs actually prevent them away from receiving proper care, which in turn leads to poor health outcomes. A study reviewing the 2002 National Survey of America's families found that among the insured, low-income families pay a larger share of their income towards out-of-pocket healthcare expenses, and a separate study found roughly one quarter of families below poverty pay upwards of 10 percent of their family income for out-of-pocket healthcare spending.[6] [7] One of the most well-known studies, conducted by the RAND Corporation, found that additional healthcare costs reduced effective care for low-income adults by 41 percent, compared to just a 29 percent reduction for non-low income adults.[8] Locking people out of care for not being able to afford it is unnecessarily cruel and will only lead to further hardship. Putting up financial barriers to access only limits what we can do to ensure those that need affordable care most can receive it.

Beyond the premiums and lock-out provisions of this waiver, the bill also includes annual and lifetime limits that seem to conflict with federal law and would potentially force those who have care into expensive fee-for-service Medicaid. Since 2014, health insurance companies have not been allowed to set annual or lifetime limits for essential health benefits. Yet HB 64, which establishes the Healthy Ohio Plan, requires participants to be enrolled in a health plan offered by a managed care organization that shall have payout limits that are capped annually at $300,000 and lifetime limits at one million dollars.

Individuals suffering from chronic conditions or those that require a large number of prescriptions, like AIDs patients, will quickly exhaust these limits and be forced out of a program that is ostensibly meant to assist them. Why should someone who is especially sick or faced with an unexpected and costly surgery not be able to receive the same level of care or be locked out of the workforce development programs under this waiver request? How do you reconcile these limits with what federal law says? Participants will be more likely to delay expensive treatments, or not get that extra and costly preventative prescription because of fear of meeting their limit. Annual and lifetime caps are from another era and should have no place in our Medicaid system.

Finally, the administrative burdens of this system are likely to be a drain on state resources, as evidenced by other states' experiences with similar systems. After suspending premium collections for the state's "private option" Medicaid waiver, Arkansas' Medicaid agency projected that administrative costs would be cut in half.[9] This result is consistent among other states, many of whom have found that the administrative cost in collecting premiums was more expensive than the amount of premiums actually collected, in some cases in the order of more than $12 million dollars.[10] The complexity of changing dollars to "points", keeping the core and non-core portions

---

[6] Shen, YC, McFeeters, J Out-of-pocket health spending between low-and higher- income population: who is at risk of having high expenses and high burdens. Medical Care, 2006 Mar;44(3) Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ
[7] Galbraith A et al, "Out-of-Pocket Financial Burden for Low-Income Families with Children: Socioeconomic Disparities and Effects of Insurance," Health Services Research, 40(6), December 2005. Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ
[8] Brook, R, et al. The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. Santa Monica, CA: RAND Corporation, 2006. http://www.rand.org/pubs/research_briefs/RB9174.html.
[9] Andy Davis, "Bill asks pause to care changes," *Arkansas Democrat-Gazette*, January 24, 2015, http://goo.gl/SBCqlj, referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr
[10] Arizona Health Care Cost Containment System, "Fiscal Impact of Implementing Cost Sharing and Benchmark Benefit Provisions of the Federal Deficit Reduction Act of 2005," December 13, 2006. referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr

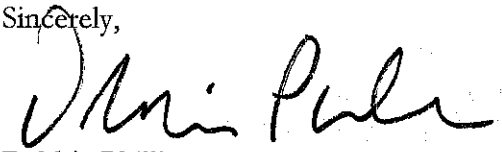
separate for certain services while combined for others, and tallying incentive points alongside monthly payments, will take time to be learned by both administrators and participants alike. Given the recent track record of the state upgrading systems, we anticipate serious problems will be forthcoming should this plan be approved.[11]

From the initial executive budget unveiling, to this public comment period required by federal law today thanks to the Affordable Care Act, we have repeatedly voiced concerns about the undue burden additional required payments will place on Ohio's most vulnerable citizens. The Healthy Ohio plan is logistically impractical and administratively burdensome at best. Most importantly, the plan will leave more Ohioans without access to quality healthcare.

It is disappointing that the legislature has required, by law, the department to pursue this waiver at such a cost to taxpayers and the health and strength of our citizens.[12] We urge you to work with us, stand by the true intent of the Medicaid program and help tear down barriers to healthcare access so Ohio's most vulnerable citizens will have the chance to lead healthy, happy lives.

We look forward to your prompt response. Please do not hesitate to contact us so we can focus together on the future for Ohio's working people.

Sincerely,



Debbie Phillips

[11] Joel Potts, OJFSDA, Ohio Benefits System Update to the Joint Medicaid Oversight Committee, October 15, 2015 http://goo.gl/sO6lrT , see also Catherine Candisky, "More than 150,000 Ohioans to get Medicaid again after settlement" *Columbus Dispatch* May 12, 2015 http://goo.gl/MKmZPb

[12] Office of Health Transformation, Health Savings Accounts, http://goo.gl/Wd3vsP

Committees:
Finance
Judiciary
Health & Aging
Ways & Means
Finance Subcommittee
On Health & Human Services

Statehouse:
Office: (614) 466-3100
FAX: (614) 719-6944
Toll Free: 1-800-282-0253
Rep34@ohiohouse.gov

Emilia Sykes

State Representative
34th House District

April 21, 2016

Director John McCarthy
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, Ohio 43218

Director McCarthy,

We write to express deep concern that the most vulnerable Ohioans will be punished by healthcare restrictions being pursued by the state. By forcing the working poor to pay additional fees, and penalizing them if they cannot (or if they get too sick), the Healthy Ohio program erects severe barriers to access to affordable healthcare.

As members of the General Assembly, we have heard firsthand from countless individuals and organizations representing the working people that would be most affected by this new program. Their message was clear: requiring working people in poverty to pay premiums for essential healthcare services will deny access to healthcare coverage for those who need it most.

Tara Britton, from the Center for Community Solutions, testified that Ohio's Medicaid churn rate will likely increase under Healthy Ohio. Others put it more bluntly, providing evidence that requiring premiums or other payments in Medicaid will push people out of the system and only worsen the lives of vulnerable Ohioans and our state as a whole.

Requiring additional fees to receive healthcare, whether they be premiums, health savings accounts, or the strange amalgamation of the two that is the Healthy Ohio Plan, has been shown repeatedly to worsen health outcomes, push people away from care, and become a bureaucratic and administrative burden on taxpayers.

A 2014 study in Health Affairs found that a $10 increase in premiums for those above 101 percent of poverty saw a 6.7 percent reduction in Medicaid and CHIP coverage. When Oregon raised fees, the drop off was starker. Nearly 50 percent of people lost coverage in

just nine months. Given that you estimate over 130,000 Ohioans will lose Medicaid coverage each year, how many are a result of churn, and how many of those do you expect to be uninsured? How were those numbers calculated and what are they based on?

Exhaustive research shows that not only do low-income people pay more as a percentage of their income towards healthcare than the wealthy, but that premiums and fees in Medicaid and other programs actually prevent them away from receiving proper care, which in turn leads to poor health outcomes. A study reviewing the 2002 National Survey of America's families found that among the insured, low-income families pay a larger share of their income towards out-of-pocket healthcare expenses, and a separate study found roughly one quarter of families below poverty pay upwards of 10 percent of their family income for out-of-pocket healthcare spending. One of the most well-known studies, conducted by the RAND Corporation, found that additional healthcare costs reduced effective care for low-income adults by 41 percent, compared to just a 29 percent reduction for non-low income adults. Locking people out of care for not being able to afford it is unnecessarily cruel and will only lead to further hardship. Putting up financial barriers to access only limits what we can do to ensure those that need affordable care most can receive it.

Beyond the premiums and lock-out provisions of this waiver, the bill also includes annual and lifetime limits that seem to conflict with federal law and would potentially force those who have care into expensive fee-for-service Medicaid. Since 2014, health insurance companies have not been allowed to set annual or lifetime limits for essential health benefits. Yet HB 64, which establishes the Healthy Ohio Plan, requires participants to be enrolled in a health plan offered by a managed care organization that shall have payout limits that are capped annually at $300,000 and lifetime limits at one million dollars.

Individuals suffering from chronic conditions or those that require a large number of prescriptions, like AIDs patients, will quickly exhaust these limits and be forced out of a program that is ostensibly meant to assist them. Why should someone who is especially sick or faced with an unexpected and costly surgery not be able to receive the same level of care or be locked out of the workforce development programs under this waiver request? How do you reconcile these limits with what federal law says? Participants will be more likely to delay expensive treatments, or not get that extra and costly preventative prescription because of fear of meeting their limit. Annual and lifetime caps are from another era and should have no place in our Medicaid system.

Finally, the administrative burdens of this system are likely to be a drain on state resources, as evidenced by other states' experiences with similar systems. After suspending premium collections for the state's "private option" Medicaid waiver, Arkansas' Medicaid agency projected that administrative costs would be cut in half. This result is consistent among other states, many of whom have found that the administrative cost in collecting premiums was more expensive than the amount of premiums actually collected, in some cases in the order of more than $12 million dollars. The complexity of changing dollars to "points", keeping the core and non-core portions separate for certain services while combined for others, and tallying incentive points alongside monthly payments, will take

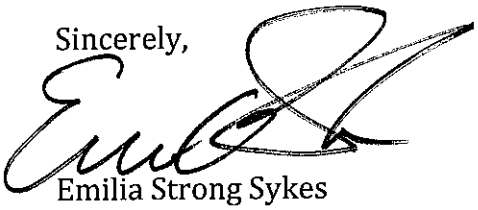
time to be learned by both administrators and participants alike. Given the recent track record of the state upgrading systems, we anticipate serious problems will be forthcoming should this plan be approved.

From the initial executive budget unveiling, to this public comment period required by federal law today thanks to the Affordable Care Act, we have repeatedly voiced concerns about the undue burden additional required payments will place on Ohio's most vulnerable citizens. The Healthy Ohio plan is logistically impractical and administratively burdensome at best. Most importantly, the plan will leave more Ohioans without access to quality healthcare.

It is disappointing that the legislature has required, by law, the department to pursue this waiver at such a cost to taxpayers and the health and strength of our citizens. We urge you to work with us, stand by the true intent of the Medicaid program and help tear down barriers to healthcare access so Ohio's most vulnerable citizens will have the chance to lead healthy, happy lives.

We look forward to your prompt response. Please do not hesitate to contact us so we can focus together on the future for Ohio's working people.

Sincerely,



Emilia Strong Sykes
State Representative
House District 34

Equitas Health
Care for All

Ohio AIDS Coalition
ohioaidscoalition.org

April 21, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy,

On behalf of Equitas Health, and the Ohio AIDS Coalition and the citizens of Ohio affected by HIV and AIDS, we are writing to comment in opposition to the proposed Healthy Ohio Waiver. Equitas Health, formerly AIDS Resource Center Ohio, is one of the nation's premier providers of a comprehensive, holistic, and coordinated response to HIV, from prevention to diagnosis and treatment. The Ohio AIDS Coalition (OAC) is a division of Equitas Health. The Coalition provides education and advocacy, appearing as a voice for Ohioans with HIV. We oppose the proposed Healthy Ohio 1115 Medicaid Waiver on the following grounds.

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 CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:

- Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
- Providing services not typically covered by Medicaid; or
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

There are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will:

1. increase and strengthen overall coverage of low-income individuals in the state;
2. increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
3. improve health outcomes for Medicaid and other low-income populations in the state; or
4. increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Demonstrations must also be "budget neutral" to the Federal government, which means that during the course of the project Federal Medicaid expenditures will not be more than Federal spending without the waiver.

Each of those standards is violated by the proposed Waiver. The source of those violations are the statutes, R.C. 5166.40 et seq. requiring certain terms of the Waiver. They include:

- It will disrupt coverage for HIV positive Ohioans and increase rates of HIV transmission,
- It unlawfully denies access to benefits authorized under the Ryan White Care Act,
- It unlawfully denies access to other benefits authorized under other state law,
- It violates the ADA,
- It violates multiple provisions of the Social Security Act none of which can be waived,
- It exposes charitable organizations and health care providers civil or criminal penalties,
- It violates rights granted under the IDEA,
- It violates the Internal Revenue Code,
- It unlawfully interferes with a mandatory entitlement under federal law,
- It will shift and concurrently increase costs to federal health systems,
- It will charge enrollees premiums which will lead to a decline in enrollment,[1]
- It will increase administration expenses beyond fiscally responsible levels,[2]
- It violates equal protection under the Constitution by imposing lifetime limits.

In the coming weeks OAC will be submitting a comprehensive explanation of each of the fatal flaws noted above. Because the terms of the statutes are non-negotiable, we urge the Center for Medicare and Medicaid Services to reject the waiver.

Respectfully,

Patrick Beatty, Esq.
Chief Public Policy & Government Affairs Officer
Director Ohio AIDS Coalition
patrickbeatty@equitashealth.com

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Is now

4400 N. High, Suite 300
Columbus, OH 43214
p:(614) 286-4345
f: (614) 291-7163
equitashealth.com

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[1] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*
[2] Id.

MetroHealth

Statement Of

AMBER DONOVAN, LISW
Social Work Coordinator, Foster Care Program
The MetroHealth System
Cleveland, Ohio

For a Public Hearing

Before The
Medical Advisory Committee
Ohio Department of Medicaid

Thursday, April 21, 2016
Columbus, Ohio

MetroHealth

Good afternoon. My name is Amber Donovan and I serve as the social work coordinator for the Foster Care Program of The MetroHealth System of Cleveland, Ohio. We are an essential hospital system committed to providing quality care to Medicaid and other populations throughout Cuyahoga County. The Healthy Ohio waiver as proposed would negatively impact young adults transitioning from the foster care system and the providers who serve them.

In Ohio, approximately 1,000 young adults leave foster care per year. Cuyahoga County Child and Family Services and The MetroHealth System work together to coordinate services for this population. Annually, 120-150 individuals young adults transition from foster care in Cuyahoga county. Compared to their peers who are still connected to their families, individuals who age out of foster care:

- have a greater risk of homelessness,
- early pregnancy,
- poor health outcomes,
- food insecurity,
- mental health needs, and
- lower educational attainment (Wagner & Wonacott, 2008).

Currently, young adults in Ohio qualify for Medicaid until the age of 26. The Healthy Ohio waiver would disrupt their lives in the following ways:

- The waiver premium requirement would become another stress factor in their already chaotic lives. The average foster care young adult struggles with poverty. According to a 2007 Chapin Hall study, young adults who come out of foster care typically earn an average of $8,000 a year. The premium requirement would create an undue burden on these individuals. The likelihood of them paying the premium or having the ability to pay this fee would be very low because they are already making tough choices about shelter, food, and personal safety matters.
- Additionally, the waiver could impact the credit status of these young adults if their debts are not paid. Sending a young person to collections to pay health care debt would only further impoverish them and defer their life improvement goals. With a bad credit score, they would not be able to rent an apartment or buy a car.

MetroHealth

The Healthy Ohio waiver would also present challenges to the provider system. Specifically:

- If young adults lose health coverage because they are unable to pay the premium, they will not maintain a regular relationship with their providers. They will disconnect from the health care system. They will delay or avoid care until they reach a crisis state. When they get to this point, they will likely access care in the emergency room which is a more costly setting.
- Providers would have reservations in serving the foster care young adult population if they have no stable or predictable coverage. It is reasonable for them to advocate for ongoing coverage of this population given their complex medical needs.

Health coverage matters. It facilitates access to vital services to help individuals become and stay well. In January 2016 we launched a clinic to meet the needs of young adults transitioning from foster care. Within three months, we witnessed young people setting up and following through on appointments on their own. We welcome this proactivity from our patients. We appreciate them pursuing services in a primary care setting rather than going to the emergency room. This care and support saves them from missing work and losing their jobs due to illness. This prevents early pregnancy and increases reproductive health. The clinic helps young adults better manage their diabetes and obesity with nutrition and exercise information.

MetroHealth and the state of Ohio have worked hard to promote primary and preventive care and coordinated services in an effort to improve individual and community health. Introducing the Healthy Ohio waiver now would present obstacles to these developments particularly among lower-income, adult, non-disabled populations.

For the protection and stability of the young adults connected to foster care, I humbly request the Ohio Department of Medicaid not advance the Healthy Ohio waiver proposal with the Centers for Medicare and Medicaid Services.

Thank you.

Source: Wagner, J and Wonacott, M (2008). "Youth Aging out of Foster Care." Retrieved on 4/20/16 from http://jfs.ohio.gov/owd/WorkforceProf/Youth/Docs/Infobrief34-YouthAgingOutofFosterCare.pdf

Corporation, reviewing studies on the effect of high deductible health plans coupled with Health Savings Accounts, concluded: "While evidence suggests that the health of the overall population may not change with increased cost sharing, the health of individuals with low income and greater health care needs may decline."[10]

4. The "Healthy Ohio Plan" will not increase the efficiency and quality of care for the low-income population. It will make it less efficient and reduce care quality.

Healthy Ohio will actually make Medicaid *less* efficient. Per member, per month costs increase. The proposal contains several so-called "incentives" that are identified as innovative service delivery features intended to improve health outcomes or administrative efficiency, but would likely be unattainable for many enrollees. They are not likely to increase efficiency or quality of care uniformly across low-income populations.

Incentive points that allow increased access to health care are given for certain activities. These features could discriminate against low-income families:

- The neighborhoods in which low-income populations live may offer neither healthy food nor opportunities for exercise that would allow enrollees to garner incentive points in their modified health savings accounts.
- The low-wage labor market has uncertain hours and erratic schedules, posing barriers to attendance of health classes at set times.
- Incentive points are given to enrollees with bank accounts who arrange electronic funds transfers for premium payment. Ohio has many unbanked families who cannot participate in this incentive.[11] Cleveland ranks as one of the most unbanked large cities in the nation.[12]
- Lack of transportation has been identified as a leading problem for the low-income population in Ohio.[13] People who struggle to get to work will face the same obstacles in getting to smoking cessation or other health improvement classes.
- Parents with children are included in the "Healthy Ohio Plan." Expecting them to attend health care classes is unrealistic in many cases.

The effectiveness of incentives in health care delivery has been questioned because of high costs of infrastructure start-up, marketing, and administration. Evaluations have identified specific problems that prevented attainment of health goals or reduced care for some beneficiaries.[14] The

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Doty, and Katie Tenney, *Mirror Mirror on the Wall: The Quality of American Health Care Through the Patients' Lens*, The Commonwealth Fund, October 2003.

[10] "Analysis of High Deductible Health Plans," RAND corporation at http://www.rand.org/pubs/technical_reports/TR562z4/analysis-of-high-deductible-health-plans.html#health

[11] Federal Deposit Insurance Corporation, 2013 National Survey of Unbanked and Under-banked Households at https://www.fdic.gov/householdsurvey/

[12] Corporation for Enterprise Development, https://cfed.org/assets/pdfs/Most_Unbanked_Places_in_America.pdf

[13] Workgroup to reduce reliance on public assistance: Report to Governor John Kasich and the Ohio general Assembly, April 15, 2015 at http://humanservices.ohio.gov/WorkArea/DownloadAsset.aspx?id=2147636202

[14] Kaiser Family Foundation issue brief (https://kaiserfamilyfoundation.files.wordpress.com/2014/09/8631-an-overview- of-medicaid-incentives-for-the-prevention-of-chronic-diseases-mipcd-grants.pdf); see also Judith Solomon, West Virginia's Medicaid Changes Unlikely to Reduce State Costs or Improve Beneficiaries' Health (Washington, DC: Center on Budget and Policy Priorities, May 2006) http://www.cbpp.org/cms/?fa=view&id=336. Also see Wisconsin Department of Health Services. "Do Incentives Work for Medicaid Members? A Study of Six Pilot Projects." May 2013. Available at: http://www.dhs.wisconsin.gov/publications/p0/p00499.pdf.

1. The "Healthy Ohio Plan" would not increase and strengthen overall coverage of low-income individuals. In fact, it would reduce such coverage.

The Department of Medicaid's analysis forecasts a decline in Medicaid enrollment among the non-elderly adult population of 8.9 percent if the Healthy Ohio waiver is in place, compared to similar assumptions about market penetration but without the proposed waiver. These people would have nowhere else to turn for health coverage; they likely would not have an offer of coverage through their employer and their income would be too low for subsidies to purchase marketplace coverage.

2. The "Healthy Ohio Plan" does not increase access to health care by low-income populations. It reduces it. It could also financially harm Medicaid providers.

Fewer adults would enroll in the Ohio's Medicaid program under the program rules proposed in the "Healthy Ohio Plan". The proposal posted on April 15 forecast that 126,000 and 140,000 individuals would lose Medicaid coverage in each of the five years of the demonstration period.[2] The new rules would impose hardship and people would either drop out of the program or choose not to enroll.

The "Healthy Ohio Plan" will require premiums of up to 2 percent of annual adjusted income for non-elderly adults, up to $99 a year or $8.25 per month. This sounds small, but for people on very limited incomes – like those on Medicaid – such costs have been found to decrease use of health care services. The U.S. Department of Health and Human Services published research in July 2015 that found increased costs make it harder for poor families to access needed health care and maintain coverage. Key findings include:[3]

- Low-income individuals are especially sensitive to increases in medical costs. Modest co-payments can have the effect of reducing access to necessary medical care.
- Medical fees, premiums, and co-payments could contribute to the financial burden on poor adults who need to visit medical providers.
- The problem is even more pronounced for families living in the deepest levels of poverty, who effectively have no money available to cover out-of-pocket medical expenses, including co-pays for medical visits.

The Rand Corporation's Health Insurance Experiment, published in 1982, was a long-term, experimental study of cost sharing. The study found provision of health care without cost improved hypertension, dental health, vision, and selected serious symptoms among the sickest and poorest patients.[4] A recent study published in the *Journal of Health Economics* found that among the poorest Medicaid enrollees – those earning less than 150 percent of the federal poverty level – a monthly premium of up to $10 results in fewer months of continuous

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[2] Ohio Department of Medicaid, "Healthy Ohio Program 1115 Demonstration Waiver," (Appendix 1) at http://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/HealthyOhio-Detail.pd

[3] Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," United States Department of Health and Human Services, July 16, 2015

[4] Robert H. Brook et.al., "The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate," http://www.rand.org/pubs/research_briefs/RB9174.html

Policy Matters Ohio

Medicaid

April 21, 2016

Testimony to Medical Care Advisory Committee on proposed "Healthy Ohio" plan

Wendy Patton

Good morning, Director McCarthy and members of the committee. My name is Wendy Patton and I am with Policy Matters Ohio, a nonprofit, nonpartisan organization with the mission of creating a more prosperous, equitable, sustainable and inclusive Ohio. Thank you for the opportunity to testify today regarding the state's proposal for the "Healthy Ohio Plan."

Medicaid provides health insurance for people less than 65 years old who lack health care through their employer and cannot afford private insurance. As of March 2016, a quarter of all Ohioans were insured through Medicaid. Medicaid expansion has allowed hundreds of thousands of Ohioans who were previously uninsured and lacked affordable coverage options, to see a doctor.

Access to health care lets people see a doctor regularly and prevent illness and crisis. Preventive care, like cancer screenings and check-ups, enables illnesses to be caught and treated early, which can save costs, dramatically reduce suffering and boost opportunity for a healthy and productive life. Access to care reduces the spread of infectious disease, helping everyone in our communities, including people with private coverage. Insurance and regular care can prevent financial crisis and reduce financial burdens that people with chronic illness face. Uninsured patients who face a medical crisis are disproportionately likely to end up in bankruptcy or foreclosure.[1] Insurance coverage through Medicaid helps prevent these financial disasters.

The "Healthy Ohio Plan" proposal asks the U.S. Secretary of Health and Human Services to waive certain Medicaid rules for non-elderly adults - about half of the Medicaid enrollment - and allow different rules. Medicaid rules may be waived under Section 1115 of the Social Security Act, which allows approval of demonstration projects that promote the objectives of Medicaid programs. Demonstration projects are supposed to increase and strengthen overall coverage of the low-income population; increase access to, stabilize, and strengthen providers and provider networks serving Medicaid enrollees; improve health outcomes and increase the efficiency and quality of care for people insured by Medicaid.

The "Healthy Ohio Plan" does not further these objectives and it should not be approved as another demonstration project. Ways in which it hinders these objectives are outlined in our testimony.

[1] Christpher T. Robertson et. Al., "Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures" Health Matrix: Journal of Law-Medicine, Vol. 18, No. 65, 2008

enrollment for adults and children. These effects are concentrated in the first few months of coverage: enrollees are 12 to 15 percent more likely to leave the program within 12 months.[5] Here in Ohio, MetroHealth Hospital's early experiment with Medicaid expansion had similar findings: The expansion of readily accessible care, without cost, enhanced health.[6]

Research over many years shows that imposing costs on health care reduces use by poor families or results in discontinuous use. This is because they have limited income. They chose between gas, food, rent, and other bills. Health care falls to the bottom of the pile.

The "Healthy Ohio Plan" lock-out provision will reduce access to care. If someone misses two monthly payments or a paperwork deadline, he loses coverage. If he lost coverage because he couldn't pay the premium, he must repay what he owed for prior months before regaining care. This makes regaining access more difficult.

People losing their health coverage will hurt the providers who would otherwise serve them, or do serve them but are not compensated for the care they provide. For example, if someone who has not enrolled in Medicaid because of the premium breaks a leg, Medicaid coverage will not start until the first premium is paid, so the provider who sets that leg is not paid. If the patient has been locked out of Medicaid coverage, she is even less likely to be able to cover both unpaid premiums and a re-enrollment premium. A physician or hospital will serve her, but without insurance. Growth of uncompensated care undermines an Ohio health care system that has been strengthened by insurance coverage afforded by the Medicaid expansion.

3. The "Healthy Ohio Plan" will not result in improved health outcomes.

The Plan will cause a spike in uninsurance, narrowing access and fostering poor health outcomes for low-income populations. The low-income population has especially pressing needs for continuous access to health care. Poverty increases likelihood of chronic diseases like diabetes, hypertension and depression.[7] Continuity of care matters in managing these diseases.[8] Barriers that interrupt consistent, ongoing care result in poor health outcomes.

The Health Savings Account model upon which the "Healthy Ohio Plan" is based is inappropriate, because savings are premised on reduced use of health care services. The health care problem of many poor people is **underuse** of medical services.[9] The conservative Rand

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[5] Laura Dague, "The effect of Medicaid premiums on enrollment: A regression discontinuity approach," Journal of Health Economics 37 (2014) 1-12.

[6] Randall D. Cebul, Thomas E. Love, Douglas Einstadter, Alice S. Petrulis and John R. Corlett, "MetroHealth Care Plus: Effects Of A Prepared Safety Net On Quality Of Care In A Medicaid Expansion Population,".Health Affairs, July 2015 vol. 34 no. 7 1121-1130 at http://content.healthaffairs.org/content/34/7/1121.abstract

[7] The World Health Organization, "Chronic Disease and Health Promotion, Chapter two – Chronic Diseases and Poverty" at http://www.who.int/chp/chronic_disease_report/part2_ch2/en/

[8] "The Role of Medicaid for adults with chronic illnesses," Kaiser Family Foundation, November 2012 at https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383.pdf

[9] Americans are much more likely than their counterparts in other countries to say they did not visit a physician, fill a prescription, or get a recommended test, treatment, or follow-up care because of costs. In a comparison among developed nations, disparities in care between people in above-average and below-average income groups were greatest in the United States. Karen Davis, Cathy Schoen, Stephen C. Schoenbaum, Anne-Marie Audet, Michelle

evaluation metrics of the "Healthy Ohio Plan" proposal are not gauged to identify which groups of people will be helped or hurt by the incentives of the Plan. There will be no way to know who is helped or hurt and whether it offers positive models for other Medicaid programs.

Thank you for allowing me to testify on this proposal. I am happy to answer any questions that you may have.

Policy Matters Ohio is a nonprofit, non-partisan research institute with offices in Cleveland and Columbus.

Respectfully submitted

Nita Carter
Health Equity Director
UHCAN Ohio
370 S. Fifth Street
Columbus, Ohio 43215 Suite G-3

Testimony Healthy Ohio Medicaid 1115 Waiver:

From: Nita Carter, UHCAN Ohio

Submitted to: The Ohio Department of Medicaid

Date: April 21, 2016

UHCAN Ohio opposes the waiver for the following reasons:

The waiver proposes premiums for Ohio's Medicaid recipients from 0-138% of the poverty level. That means people who make $16,104 or less per year. If they are not able to pay the premiums their benefits could be cut off. While the premiums appear to be low for someone with no income or even who makes 16, 104 per year there is very little if any disposable income. And this 8-20 dollars could be the difference between them keeping their coverage and losing it. For example, Ms. Worley from Cleveland says she uses a $25.00 Incentive she receives every six months to help with purchasing the over the counter vitamins and other medications she uses. This demonstrates just how little disposable income a person at this income level has. In addition, Premiums have been shown to cause a decrease in Medicaid enrollment. Oregon experienced a 77% drop in Medicaid enrollment after it instituted premiums for adults below the 100% poverty level.[1] Adding premiums will defeat the gains Ohio has made with expanding Medicaid.

Second, the proposed health savings accounts and debit cards add un-needed complexity to using Medicaid benefits. We see many people who have Medicaid who are just learning how to use their benefits and connect to primary care. Adding complexity defeats our work to help Ohioans become health literate, and use their benefits to improve their health outcomes.

Third, the administrative cost for instituting these changes could wind up spending dollars that could be used for health benefits to Ohio's most vulnerable. Arkansas recently eliminated the imposition of health savings accounts and cost sharing for participants below 100% of the poverty level because of high administrative costs.[2]

And finally, these demonstration grants are supposed to be a chance to evaluate policy approaches such as:

- Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
- Providing services not typically covered by Medicaid; or
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.[3]

The proposed changes do not appear to address any of the above.

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[3] Medicaid.gov web-site, https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html

TESTIMONY presented to the Ohio Medicaid Bureau of Health Plan Policy

Date: April 26, 2016

From: (Cannon Hopey – cannon_hopey1@yahoo.com)

Organization: ACTION Ohio (Alumni of Care Together Improving Outcomes Now)

Re: Healthy Ohio Program 1115 Demonstration Waiver

My name is Cannon Hopey and I represent ACTION Ohio, a statewide organization that is dedicated to improving outcomes for current and former foster care youth. We bring together the voices of youth, alumni and allies to create lasting change and generate hope for current and former foster youth, based on access to resources, ally support and alumni expertise.

I am here today to express my position against the *Healthy Ohio Program 1115 Demonstration Waiver.* This proposal requires certain Medicaid recipients, including teens transitioning from foster care to adulthood, to pay a monthly premium of 2 percent of their income in order to continue receiving benefits.

This proposal stands in direct violation of the *Patient Protection and Affordable Care Act (ACA),* which states that, *"Effective January 1, 2014, all states must extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18th birthday, or enrolled in Medicaid when they aged out of foster care if over age 18."*

Our state's failure to fully support and abide by that federal mandate has implications for young people that can literally make a difference between life and death.

As a former foster youth myself, I have gone through this myself losing healthcare support at the age of 18 going without healthcare for years and having to go to the emergency room risking high medical bills that land on ones credit over a period of time instead of having insurance to go to a primary doctor. This policy should not be upheld as I see this as a form of medical neglect- like the state stopped parenting foster youth.

Most youth coming out of foster care possibly have some health issues and/or not ready for the world and still need support from somewhere and this is one that can help them so that they can maintain in good health and be one less barrier to get over with trying to find their way in this world.

That's why I am strongly against this policy.

Thank you for this opportunity to share my position.

Cincinnati Bell Webmail **nfcc@zoomtown.com**

Ohio Medicaid Waiver 1115

From : Jerry Bedford <Jerbed1@aol.com> Mon, Apr 25, 2016 06:43 PM
Subject : Ohio Medicaid Waiver 1115
To : nfcc@zoomtown.com

Ms. Adams,

Here is my statement in opposition of Ohio Medicaid 1115;

I am vehemently opposed to the Ohio Medicaid Waiver 115 for the flowing reasons,
1) This program change will adversely effect the most vulnerable population in the 0-138% of the poverty level. The current level of Medicaid is a good attempt to improve the health of people in this population. It has also reduced the number of people using the emergency room as an initial stop in obtaining health care. With this proposed change in Medicaid, all the progress will be eliminated which will result in higher medical fees that will ultimately effect Medicaid expenditure adversely.
2) All of the proposed changes, contributions to a "health savings account", coverage only after payment to this account, loss of coverage for failure or lack of ability to pay into this account, and the the annual/lifetime cap defeats the term "Healthy Ohio" and will ultimately create an unhealthy Ohio with these measures in-place.

The attempt to save money by enacting these proposed changes will ultimately create a much larger cost to the health care system of Ohio via those of us paying higher taxes as an end result.

Jerry Bedford Jr.
CCPC Board Member

Sent from my iPad

Health Care Access Now™

Building partnerships that improve access to health care in Greater Cincinnati

April 26, 2016

To: Ohio Department of Medicaid

From: Judith Warren, MPH, CEO, Health Care Access Now, 7162 Reading Road, Cincinnati, OH

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Dear Director McCarthy,

I oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it will disrupt coverage and increase cost for Ohioans who have marginal incomes with insufficient disposable income resources to afford out of pocket health insurance premiums and compliance with other requirements.

Health Care Access Now is a nonprofit organization that provides community care coordination services in Hamilton, Butler, Clermont and Warren counties. We are a certified Pathways Community Hub that deploys certified community health workers who work with pregnant women and nonpregnant adults that are at risk or living with diabetes. The majority of our clients are enrolled on Medicaid or dual eligibles. We contract with four of the five Medicaid managed care plans to deliver our Pregnancy Care Coordination program. We are interested in expanding those contracts to cover Chronic Disease Care Coordination services. We serve close to 1500 adults each year and partner with Cincinnati health department, social service providers, health systems and medical practices.

One of the benefits of our care coordination services is a comprehensive client assessment that goes beyond the clinical and medical patient profile. The distinction of our services is to address the health-related social needs of clients, such as housing, healthy food sufficiency, transportation, and the existing barriers to Medicaid providers and access to behavioral health services. The number one most frequently cited need/concern from our clients is finances, that is, disposable income to ensure that rent is paid and that they have enough food to last the entire month or pay for diabetes test strips in order to monitor their blood glucose levels.

This proposed waiver will place a greater financial burden, unnecessary stress and further delays in seeking care. The proposed provisions would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.[1]
- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

[1] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.[2]
- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would potentially override the benefit of expanded Medicaid coverage if now Ohioans will be expected to comply with additional regulations and cost prohibitive requirements. Instead of adding more regulatory burden, we need policies that address the gaps in affordable and safe housing, equity in education and employment.

I also encourage the Governor's Office to evaluate the impact of this legislation on minority and ethnic populations which can experience further gaps in access to care and drain on their resources.

I urge the Ohio legislators and Governor's Office to consider more progressive approaches to personal responsibility that provide for the opportunity to a livable wage that can move Ohioans off of Medicaid in the long term instead of policies that will only result in a greater burden to public resources and assistance programs.

Thank you for your time and consideration.

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[2] Center for Community Solutions *Ohio's Pending Healthy Ohio 1115 Medicaid Waiver (1/26/16) Webinar*

marcc "...to forgo the luxury of separate ways when a common path can be found..."

Metropolitan Area Religious Coalition of Cincinnati

632 Vine Street, Suite 606
Cincinnati, Ohio 45202
Phone 513.721.4843
Fax 513.721.4891
Email marcc@fuse.net
Web www.marcconline.com

Archdiocese of Cincinnati

Association of Unity Churches

Baptist Ministers Conference of Cincinnati and Vicinity

Cincinnati Conference (Evangelical Lutheran Church in America)

Church of the Living God

Cincinnati Islamic Center

Diocese of Southern Ohio (Episcopal)

Disciples of Christ – SW Ohio

Interdenominational Ministers Alliance

JCRC of The Jewish Federation

Miami Association (American Baptists)

Ohio River Valley District (United Methodist Church)

Presbytery of Cincinnati

Religious Society of Friends

Unitarian Universalist Council of Greater Cincinnati

United Church of Christ

Volunteers of America Of Greater Ohio

Rabbi Margaret J. Meyer
President
Tiffany Zents
Vice President
Connie Widmer
Vice President
Nancy Walters
Secretary
Saeed Abdullah
Secretary
Tim Godsey
Treasurer

Margaret A. Fox
Executive Director
Angela Wright
Office & Technology Manager

April 26, 2016

From: Margaret A. Fox
Executive Director
Metropolitan Area Religious Coalition of Cincinnati
632 Vine Street, Suite 606
Cincinnati, Ohio 45202

Submitted to: Mr. John McCarthy, State Medicaid Director
Re: Healthy Ohio 1115 Demonstration Program
The Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215

Re: Testimony Healthy Ohio Medicaid 1115 Waiver

Thank you Director McCarthy for the time today for the Metropolitan Area Religious Coalition of Cincinnati to give testimony on why it opposes the Healthy Ohio Medicaid 1115 Waiver. MARCC is an interfaith coalition made up of seventeen judicatories (also referred to as denominations) that represent Muslims, Jews, Protestants, Roman Catholics and Unitarian-Universalists in metropolitan Cincinnati. MARCC is a way that the religious community works together to improve social policy and in the process raise the level of civil discourse.

MARCC supported the Medicaid enrollment process when the Affordable Care Act was rolled out in Ohio. In 2013 MARCC

- Advocated for the Affordable Care Act Medicaid Expansion in Ohio among its member judicatories and gained support from judicatory leaders and judicatories
- Sent letter to southwestern Ohio state legislators supporting Medicaid Expansion in Ohio
- Monitored legislative process and worked with other organizations on Medicaid Expansion in Ohio
- Informed the local community by participating on panels for Medicaid Expansion

In 2014, when the Affordable Care Act Medicaid Expansion was implemented in Ohio, MARCC

- Monitored Medicaid Expansion in Hamilton County and worked with other organizations and local advocates, recruited among its member judicatories enrollers and outreach sites for the expansion.
- MARCC successfully advocated for funding from United Way, Greater Cincinnati Foundation and local congregations for Medicaid Expansion outreach for a partnership between local congregations and Health Access Now in Cincinnati.
- MARCC listened and learned about: The Affordable Care Act and Ohio Medicaid Expansion through speaker presentations at its Annual Meeting, monthly Delegates Council meetings, and Executive Board

MARCC wants the State of Ohio to expand not contract Medicaid coverage in Hamilton County and to all counties in Ohio, where people who are poor will receive access and quality health care. Cincinnati experiences a poverty rate of 30%, that is double the national average. This appalling statistic coupled with decades of income disparity and the Great Recession, has devastated particularly people who currently receive Medicaid or are eligible to enroll in the future. Plainly spoken it means they simply cannot afford a waiver that privatizes Medicaid by instituting what looks like a Health Savings Account. HSAs are for people with means who make decent salaries, not for people struggling to pay rent, utility bills and feed themselves and their children.

People who are poor are more than a statistic. They are residents of Ohio and the other forty-nine states in America. Medicaid is a means to deliver to them a better chance of improving or having good health. MARCC opposes Healthy Ohio Medicaid 1115 Waiver. It is a social injustice, that acts as a barrier to improved healthcare for poor and working poor Ohioans.

TESTIMONY presented to the Ohio Medicaid Bureau of Health Plan Policy
Date: April 26, 2016
From: Doris Edelmann (937-572-7632)
Organization: O. H. I. O. YAB (Overcoming Hurdles in Ohio Youth Advisory Board)
Re: Healthy Ohio Program 1115 Demonstration Waiver

My name is Doris Edelmann and I represent O.H.I.O. Youth Advisory Board, a statewide organization of young people (aged 14-24) who have experienced foster care. Ohio YAB exists to be the knowledgeable statewide voice that influences policies and practices that affect all youth who have or will experience out-of-home care.

I am here today to express my position against the Healthy Ohio Program 1115 Demonstration Waiver. This proposal requires certain Medicaid recipients, including teens transitioning from foster care to adulthood, to pay a monthly premium of 2 percent of their income in order to continue receiving benefits.

This proposal stands in direct violation of the Patient Protection and Affordable Care Act (ACA), which states that, "Effective January 1, 2014, all states must extend Medicaid coverage to age 26 for all youth who are enrolled in Medicaid and in foster care on their 18th birthday, or enrolled in Medicaid when they aged out of foster care if over age 18."

Our state's failure to fully support and abide by that federal mandate has implications for young people that can literally make a difference between life and death from life-saving medication to medical intervention.

As the adult facilitator for the O.H.I.O Youth Advisory Board, I respectfully request that foster youth and alumni who are Title IV-E eligible children age 18 and foster youth ages 18-26 be exempt from the Healthy Ohio Waiver.

Thank you for this opportunity to share my position on behalf of the foster youth and alumni that I support.

Testimony Healthy Ohio Medicaid 1115 Waiver:

From: Donald Washington
Southwest Advocacy Coordinator
UHCAN Ohio
3021 Vernon Place
Cincinnati, Ohio 45219-0989

Submitted to: Healthy Ohio 1115 Demonstration Program
The Ohio Department of Medicaid
50 W. Town Street
Columbus, Ohio 43215

Date: April 26, 2016

I am Donald Washington, the Southwest Advocacy Coordinator for UHCAN Ohio. Thank you for this opportunity to provide my concerns on a matter that will devastate the most vulnerable people in our communities.

UHCAN Ohio is a statewide consumer health advocacy organization and the consumer voice on health policy for the state of Ohio. We believe this waiver is not healthy for Ohioans. I have spent the last 20 years, both professionally and as a volunteer, fighting for and assisting people that are challenged on a daily basis towards achieving a life of self-sufficiency. The only area that I could not be of help was the area of improving their health situation and their health outcomes. Why?... because they did not have health insurance. What good is it for an individual to have managed to achieve a life of self-sufficiency only to now have to face health problems that could lead to a life that prevents all of their accomplishments from being met?

We oppose the proposed Healthy Ohio 1115 Medicaid Waiver because it requires establishing Health Savings Account, referred to in Ohio as a "Buckeye account", for many that do not have income or are working with an income that does not satisfy basic living conditions in their homes.

When the Patient Protection and Affordable Care Act was signed into law on March 23, 2010 it was designed to allow over 55 million people to have health insurance, for the first time. It has been referred to as "Obamacare" to change the direction of what the law was designed to accomplish, consequently we have all of these repeal efforts and recommended mandates that places the uninsured back to where they started prior to it becoming law.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans are enrolled in Medicaid. If this waiver is accepted, it is predicted about 130,000 people may drop out of Ohio's Medicaid program rather than pay for part of it. This will lead people to go back to their primary health care provider...the emergency department of our hospitals. They will go back only after waiting months and probable years to address an illness that could have been avoided if they have been allowed to keep their insurance.

UHCAN Ohio has provided and will continue to provide tools for the community to improve their health literacy and become more in charge of their health and their health outcomes. In order for that to occur people will need to maintain their health insurance.

Finally, the goal of the Affordable Care Act and Ohio's Medicaid program is to cover Ohio's low income families and to improve their health. This proposal will not allow for that to happen and will devastate Ohio families.

This waiver is not healthy for Ohioans. We strongly oppose the Healthy Ohio Medicaid 1115 waiver.

Respectfully submitted;

Donald Washington
UHCAN Ohio

CATHOLIC CHARITIES
Diocese of Cleveland

7911 Detroit Avenue
Cleveland, OH 44102
P 216.334.2900
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Toll Free 866.220.3068
Ohio Relay Number (TTY) 711
www.ccdocle.org

May 2, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director John McCarthy:

As one of the largest comprehensive health and human services organizations in the region, Catholic Charities, Diocese of Cleveland carries out Christ's healing mission in Northeast Ohio. Catholic Charities delivers more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. Our efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered a new approach to Medicaid by setting new requirements and objectives. We are asking you to address our grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

We know first-hand how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. We strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot be met-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From our experience, we find the client chooses to go without health care

if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, we do know that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, "states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS' stated goal of coverage integrity." (Center for Community Solutions, 2016).

One of our greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient's coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

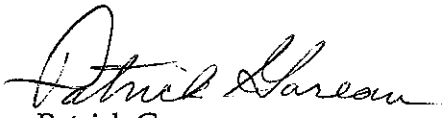
We have a number of questions we require more information about, relative to this proposed waiver. Please advise us of the following so that we can educate the communities we serve:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio's Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?

5. Does this plan include alternative funding for providers when persons in need require emergency services?
6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

Whereas we concur with your desire to increase efficiency and quality while managing Ohio's budgets, we do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. We strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because we are in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely yours,



Patrick Gareau
President and CEO

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 2, 2016

Dear Director McCarthy,

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for substantial numbers of low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

I was proud of my State when it made the decision to expand Medicaid services to provide more than 600,000 low-income Ohioans health care coverage. Now I am deeply disappointed that my State appears to be stepping back from its commitment by adding burdensome and costly requirements. The result is certain to be a less healthy Ohio. Here's why:

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the federal poverty due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and will create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Sincerely,

Richard O. Bennett

Richard O. Bennett
21630 Cedar Road
Cleveland Heights, OH 44106

ST. PAUL'S
EPISCOPAL CHURCH

2747 Fairmount Boulevard
Cleveland Heights, Ohio 44106
tel 216 932-5815
fax 216 932-8257
www.stpauls-church.org

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 3, 2016

Dear Director McCarthy,

I am a priest at St. Paul's Episcopal Church in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

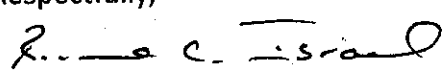
I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver could harm over 1 million of Ohio's Medicaid population and be contrary to the purposes and legal guidelines of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable
- The waiver would establish annual and lifetime caps that are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully,



The Reverend Richard C. Israel, Associate Rector

susan G. komen.
Columbus
Northeast Ohio
Northwest Ohio
Southwest Ohio

May 4, 2016

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

RE: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director McCarthy,

The four Susan G. Komen® Ohio Affiliates are writing to express our concern about the Healthy Ohio 1115 Medicaid Demonstration Waiver and ask you to withdraw it or fundamentally revise it.

Susan G. Komen® is the world's largest network of breast cancer survivors and activists. Komen has four Affiliates that serve Ohio – Komen Columbus, Komen Northeast Ohio, Komen Northwest Ohio, and Komen Southwest Ohio. In Ohio, the Komen Affiliates have funded more than $42.5 million through needs-based community programs providing education, screening, treatment, survivorship support, navigation and assistance throughout the state to those who need it the most.

Our specific concerns regarding the 1115 waiver address the following areas of interest to the Center of Medicare and Medicaid Services (CMS):

Does the waiver increase and strengthen overall coverage for low-income individuals?

- No. The small monthly fee being charged to even the poorest patients can be a burden for folks living paycheck to paycheck with unexpected emergency expenses. Then falling behind in payments to their Buckeye Accounts for 60 days will mean expulsion from Medicaid for a full year. This can only result in significant reductions in the number of people receiving Medicaid.

Does the waiver improve health outcomes for Medicaid and other low income populations?

- Health outcomes have been repeatedly demonstrated to be improved when patients have easy access to comprehensive care through their established providers without financial barriers. The monthly 'contributions' under the plan serve as financial barriers. Research for decades has shown that copays and deductibles may save money in the short term, but patients cut back as much on necessary care as on unneeded care. Control of chronic diseases for low income patients often deteriorates.

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

Does the waiver increase the efficiency and quality of care for Medicaid and other low income populations?

- The financial efficiency for Medicaid patients will plummet. Health savings accounts and debit cards are costly to administer and make using Medicaid more complex. Other states such as Arkansas recently eliminated health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs. The 1115 waiver includes health savings accounts to 'prepare' people for the commercial market. We are of the opinion that high deductibles and health savings accounts are not a good idea for the health of anyone, middle income or low income. They are an unproven innovation that, for people with chronic and serious problems, will likely decrease efficiency and quality of care. With high deductibles and health savings accounts, the U.S. will go from a crisis of uninsurance to a crisis of underinsurance.

In conclusion, if you are unable or unwilling to make major changes in the 1115 waiver, we will recommend to CMS to reject this proposal in its entirety.

Respectfully,

Susan G. Komen® Columbus
Susan G. Komen® Northeast Ohio
Susan G. Komen® Northwest Ohio
Susan G. Komen® Southwest Ohio

14900 Private Drive, Apt. 204 B

Cleveland, OH 44112

May 8, 2016

Bureau of Health Plan Policy

Ohio Department of Medicaid

50 W. Town St. 5th Floor

Columbus, OH 43218

Dear Director McCarthy,

I am a member of Forest Hill Church in Cleveland Heights which is part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low income Ohio citizens who are struggling to manage all their needs. I volunteer in serving the monthly meal and food distribution that our church provides for low income and working poor neighbors who are food stressed. In getting to know these guests at the meal I have learned of the health care cost problems a number of them face.

Also I believe the Medicaid Waiver would have high administrative costs and be very difficult to administer.

Respectfully,

Grace D. Uhle

Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43218

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

May 8, 2016

Dear Director McCarthy,

I am a member of Forest Hill Church, Presbyterian in Cleveland Heights and part of Greater Cleveland Congregations. We provided leadership and worked with others throughout the state to encourage Medicaid expansion, and were delighted when it was signed into law.

I write to oppose the proposed "Healthy Ohio" 1115 Medicaid Waiver because I believe it will result in loss of coverage for low-income Ohioans, people who most need medical coverage – and that it will be a costly, unnecessarily bureaucratic challenge to implement.

As background, Greater Cleveland Congregations' members include 40 congregations and organizations representing 30,000 individuals in Cuyahoga County. GCC has united our power to advocate for access to health care for all, particularly for the least among us. GCC stands firm in its opposition to "Healthy Ohio," because the result is certain to be a less healthy Ohio. Here's why:

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid expansion and more than 2.9 million Ohioans (or 25 percent of the state's population) are enrolled in Medicaid. The waiver would harm over 1 million of Ohio's Medicaid population and be contrary to the purposes of Medicaid.

- The waiver would begin to charge Medicaid enrollees monthly premiums and coverage would be terminated for non-payment of those premiums. The recipients are ***low-income citizens*** of our State, people whose limited income often requires tough choices (fix the car to get to work or pay the premium, for but one example);
- The waiver would institute complicated health savings accounts and debit cards which would be a nightmare to administer and too complex to be useable. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirement on participants below 100% of the FPL due to high administrative costs.
- The waiver would establish annual and lifetime caps that I understand are illegal under the Affordable Care Act.

This action appears designed to undo the commitment Ohio made to many of its low-income, working poor citizens when it first expanded Medicaid. The changes proposed will negatively impact this population and create barriers to access to care for more than 1 million people. I strongly oppose the adoption of this "Healthy Ohio" waiver and urge the State to reconsider.

Respectfully, Mary C Schaerale (Connie)

Address: 4100 Private Drive

Cleveland, OH zip 44101

May 11, 2016

Director John McCarthy
Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Fl.
Columbus OH 44215

Dear Director McCarthy,

It has been reported that Ohio underspent its Medicaid budget by over a billion dollars even with 650,000 new Medicaid recipients. Over 50% of these enrollees are working but cannot afford health care. My 44 year old niece is one of these people. She has not been able to find steady work for over a year and her present job is only two days a week. Like many she does not have a checking account, changes jobs fairly regularly to increase her pay and moves more than many in order to live where her rent is more affordable. How will the Healthy Ohio program monitor all of my niece's changes? And I can say with certainty that $8.25 per month will be a hardship on her.

Have you forgotten that Medicaid was created to provide health care for the poor and low income? The 1115 Waiver as proposed does just the opposite. Consumers who are dropped from the Medicaid program because they are unable to make monthly health savings account payments will go back to using the more expensive emergency room for their care. Many in Cuyahoga County will return to our publicly owned hospital's rating system. With the elimination of presumptive eligibility as proposed in the Waiver and the cuts to the Federal DISH Program, MetroHealth along with other providers will see a significant drop in their revenues.

From all that I have read, I believe that the Healthy Ohio program will be very expensive to set up and administer. Many Ohioans who need Medicaid the most will lose it. It also appears that your plan has components, such as imposing yearly and life time caps on coverage, that go against the Affordable Care Act.

I am not convinced that your plan will provide a better Medicaid program or in any way be a cost savings. Remember, Ohio's taxpayers overwhelmingly supported Medicaid expansion as proposed by Governor Kasich. We believe that all Ohio citizens should have access to health care. By your own Department's figures, under the expansion, the expansion has been a win-win for both the State and for the consumers.

I question why you want to change what is working and urge you not to send the 1115 Waiver application in as it currently stands. Do what is right.

Sincerely,

Gloria Aron

Gloria Aron
2123 W. 81st St.
Cleveland OH 44102

Health Ohio Program
1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 West Town Street
Columbus, OH 43218

Dear Sir or Madam:

The Federal Government should reject this shortsighted and punitive plan.

The Health Ohio Program is not about encouraging personal responsibility or even saving money. It is about undermining the Medicare expansion.

The plan will cost more to administer than any possible savings.

Leave the poor people alone; the plan causes more harm than good.

Sincerely,

Philip C. Snyder
23904 3rd St.
Grand Rapids, OH 43522
419.819.6576

Health Ohio Program
1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 West Town Street
Columbus, OH 43218

Dear Sir or Madam:

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Philip C. Snyder
23904 3rd St.
Grand Rapids, OH 43522
419.819.6576

April 27, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Fl.
Columbus OH 43218

Re: Public comments on Proposed 1115 Demonstration Waiver

Dear Director McCarthy:

We are writing as adult Medicaid Consumers in the State of Ohio. We qualify for Medicaid either because we are single adults with no dependent children and our income is under 138% of the Federal Poverty Level (FPL); we qualify as pregnant woman; we qualify for the Breast and Cervical Cancer program or we have children who qualify. We are all low income and make less than $1,366 a month.

In the proposed Healthy Ohio Program, the Department of Medicaid proposes the establishment of the Buckeye Account where we will be required to pay up to $99.00 per year in order to receive health care benefits under Medicaid. In addition, if we are late in paying our monthly required payment, we will lose access to benefits if this is not paid within 60 days of the due date. We will not be able to re-enroll until all that is due is paid in full. For many of us this will mean that we will lose our Medicaid coverage and will find it nearly impossible to re-enroll with the proposed payment requirement.

The purpose of an 1115 waiver is to increase the number of people receiving Medicaid benefits. The goal of Medicaid Expansion as supported by Governor Kasich was to reduce the number of uninsured in the State of Ohio. What is being proposed will not increase the number of people enrolling in Medicaid and the number of uninsured in Ohio will increase.

We cannot afford a required monthly premium. We now have a health care provider that we can see on a regular basis. We do not have to worry about only seeking care when we are very sick because we have no way to pay for it. We can take our medications regularly and we can see our doctors to monitor our health conditions before they get to a state of emergency. We will cost the State of Ohio more money if we have to return to seek care in an emergency room.

Please listen to us as you prepare your final submission to the Department of Medicare and Medicaid Services.

We Are,

Name	Address	City
Jacqueline Garnar	2902 Cypress Ave.	Cleve. OH. 44109
[illegible]	3693 E 54th St	Cleve. OH 44105

Name	Address	City
Michelle SANIK	3431 W117	Cleve OH
Jim FISCHER	17506 EDGEWATER DR. APT 104	LAKEWOOD, OH
Peter Wilkinson	2004 Elmwood Apt 1	Lakewood OH.
Jerry Allen	1886 W 58 St	Cleveland, OH 44102
SONYA TAYLOR	P.O. Box 602269	Cleveland OH 44102
Joseph STARK	" "	" "

Page 2.

Name	Address	City
Norman Wolfe	1222 E 169th Street	Cleveland OH 44110
DIANA KING	2815 YORK AVE #3	CLEVELAND, OH 44113
Victoria Carter	7001 ~~Detroit~~ Ave #12	Cleveland, OH 44102
QuVadis Ellison		Cleveland, OH
Deborah E Felton	17815 Fairway Dr apt. 202	Cleveland, Oh 44135-1891
Betty Spruger	11500 Detroit Ave #401	Cleveland 44102

Name	Address	City
Judy McMullens	1925 W 45	Cleveland 44102
Michael Todd	1925 West	Cleveland
Latonia Brown	5918 Gilbert ct.	Cleveland, Ohio 44102
LISA SUTTON	7014 COLGATE AVE UP	CLEVE OHIO 44102
June Sharp	1867 W. 57th	Cleveland, Ohio 44102
Darlene Rodriguez	3330 W. 94 ST.	Cleveland, Ohio 44102
JAMES BUNTING	1422 W. 30 St.	Clevland 44102
Charles Smith	7904 Elton	Cleveland OHIO 44105
Antonia Brown	5918 Gilbert Ct.	Cleveland, Oh 44102

Name	Address	City
Kelli Keen	4427 franklin	Cleveland Ohio
ANTONIO		
Charles Davenport	2000 Castle ave.	Cleveland Oh. 44113
Rick Kraus	4427 Franklin	Clev Oh 44113
Louis Vogel	4427 FRANKLIN	cleve OH 44113
Damian Sentell Walker		Cleveland Ohio 44114
BENNIE CHANDLER	1300 SUPERIOR #2105	CLEVE. OHIO 44114
Damian Sentell Walker	2100 Lakeside 44114	12165013143
WAYNE JENKINS	14616 QUINTADE #301	CLEVELAND OHIO 44135
Kimberly Stillman	4427 Franklin Blvd.	Cleve, OH 44113
Donald Clark	1945 West 28th	44113
Effie Purdy	3144 Fulton Rd.	Cleveland
Denise Pederson	Norma Herr Shelter	Cleveland OH
Walter Parker	8916 MADISON AVE #9	CLEVE OH 44102

Name	Address	City
Tyrone Jones	2901 Archwood #205	Cleveland 44109
Marie Shapiro	4427 Franklin Blvd	Cleveland Ohio 44113.
Alonzo Thomas	13107 Darlington Ave	Garfield Hts, Ohio
Cheryl Willhight	2901 Archwood Ave.	Cleve. Oh. 44109
Marvin Carver	3431 Milverton	Shaker Hts 44120
Earline Jefferson	1281 Spruce Ct	Cleveland Ohio 44113
Jason Maiden	1744 Payne Ave	Cleveland, OH 44114
Precious Bradley	1745 W25	Cleveland Ohio 44113
Chris Bush	2306 Minerva Ave	Cleveland Ohio
Virgie Henderson	3330 Seymour	Cleveland Ohio 44113
Mark L. Baker	2100 Lakeside Ave.	
Yolanda Harris	4427 Franklin	
Barbara Taylor	3135 Lorain Ave.	
Louna Sanu	4427 Franklin	Cleveland, Oh.
Soriana Sanu	4427 Franklin	Cleveland, Oh
Christerley St Felix	4427 Franklin	Cleveland, Oh
Aleera Cousette	14205 Euclid #302	Cleveland, Ohio 44100
Alvin Manigault	3805 Franklin	Cleveland 44113
Robert Seth.	4427 Franklin.	

April 27, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Fl.
Columbus OH 43218

Re: Public comments on Proposed 1115 Demonstration Waiver

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Please listen to us as you prepare your final submission to the Department of Medicare and Medicaid Services.

We Are,

Name	Address	City
Gloria Aron	2123 W 81 St	Clev OH 44102
Jackie L Porter	3330 W 105	Cleveland Ohio

April 27, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St., 5th Fl.
Columbus OH 43218

Re: Public comments on Proposed 1115 Demonstration Waiver

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Please listen to us as you prepare your final submission to the Department of Medicare and Medicaid Services.

We Are,

Name	Address	City
Tim Walters	4510 Broadale	Cleveland, Ohio 44109
Marie Sapelli	2065 Random Rd	Cleveland, Ohio 44106

INFO LINE

Bringing people and services together, since 1975

703 South Main Street • Suite 211 • Akron OH 44311-1098 • (p)330.762.5627 • (f)330.253.1137 • www.infolineinc.org

May 9, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus, OH 43218

Dear Director McCarthy,

I am writing to express my organization's opposition to the proposed Healthy Ohio 1115 Medicaid Waiver. Info Line is located in Akron, Ohio and was founded in 1975 to improve the quality of life for all people who live and work in Summit County by enhancing their access to and use of our community's human service delivery system. Many of our clients used to be uninsured and are now on Medicaid.

In Ohio, 640,000 more Ohioans now have coverage as a result of Medicaid Expansion and more than 2.9 million Ohioans, or 25 percent of the state's population, are enrolled in Medicaid. The waiver would create the following changes for over 1 million of Ohio's Medicaid population:

- Charge enrollees unaffordable premiums. Premiums have led to declines in enrollment in other states. For example, in Oregon enrollment dropped by 77% after premiums were instituted.

- Medicaid enrollees can have their coverage terminated for non-payment of premiums.

- Institute health savings accounts and debit cards which will be costly to administer and make it more complex for people to use Medicaid. Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.

- The waiver proposes annual and lifetime caps which were ended as a result of the Affordable Care Act. Medicaid recipients should not be subject to caps which are now illegal.

These changes would negatively impact Ohio's Medicaid population. They will create barriers to access to care for more than 1 million Medicaid eligible Ohioans. I do not support the Healthy Ohio waiver.

Respectfully,

Richard B. Stahl
President/CEO

May 5, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Director McCarthy:

Northeast Ohioans for Budget and Legislative Equality is writing you today to provide the following comments on the proposed "Healthy Ohio" 1115 Demonstration waiver.

We feel that the waiver as drafted is contrary to the goals of Medicaid Expansion. The goal of Medicaid Expansion is to expand coverage to low income individuals. This waiver would decrease participation in the program. The Department of Medicaid itself stated that they expect to see 100,000 participants fall off the rolls. Due to this evidence, we believe that this waiver should not be approved.

- **It burdens the poorest of families with monthly payments they cannot afford in the face of daily expenses.** Many of our members live at or near the poverty level. Many have temporary or seasonal jobs that start and stop. Many of us, or members of our families, work at or near minimum wage and we don't get 40 hours per week. Paying a monthly fee for health care – particularly for those with kids – is an additional difficult expense.

  While some may think it's small amount to pay, many of us have to decide between paying a utility bill or paying a health premium – or paying for a bus pass or paying for a premium – we'll pay for heat, we'll pay to get to work – health care is sort of a gamble, for too many of us, it will fall to the bottom of the pile.

- **Lockout provisions will hurt many people.** Many of our members are hourly workers whose budget is dependent on how many hours they work. Unpaid days off create a great deal of strain on a family's budget. The new Lockout Provision will require that if a family falls behind more than two months, coverage will stop until the arrears is paid and they re - enroll. With many families in financial hardship, it will be difficult for many of them to pay the arrears and go through the difficulty of reenrolling.

  Waivers requests are supposed to meet the following criteria: Help stabilize providers, decrease the cost of coverage for participants, increase participation, or increase the efficiency of service. This request does not meet that any elements of the criteria.

- **The monthly statements and point system are confusing and may make people think they are running out of health care and not see a doctor when they are sick.**

- **The incentives may give you more health care points, but many may not be able to use them.**

  There may be health care points given to people who take smoking cessation classes or who exercise or lose weight, but not all of our members can get to evening classes due to work schedules or lack of transportation options. Some live in neighborhoods that are not safe enough to get out and walk, or live in food deserts and have no access to fresh foods.

We welcome the state's efforts to improve Medicaid, but the Healthy Ohio plan is not an improvement. We urge you to take these considerations into account when preparing your final document.

Respectfully,

Diana King Norman Wolfe

NOBLE Co – Chairs Diana King & Norman Wolfe

PCSAO
PUBLIC CHILDREN SERVICES
association of ohio

Public Children Services Association of Ohio
37 West Broad Street, Suite 1100
Columbus, OH 43215
Ph: 614-224-5802 ▪ Fx: 614-228-5150
www.pcsao.org

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Scott Britton, BA
Assistant Director

Mary Wachtel, MSW
Legislative Director

Jeed Jitprasert, MBA
Director of Operations

William Murray, MEd
Ohio Reach Coordinator

May 11, 2016,

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, OH 43218

Dear Director McCarthy:

Thank you for the opportunity to comment on Ohio's Healthy Ohio Program 1115 Demonstration Waiver. We are concerned that the Healthy Ohio waiver proposal, as statutorily required, will result in loss of Medicaid coverage for foster youth in Ohio and consequently their access to vital behavioral and physical health care that is crucial as they transition into young adulthood.

We understand that the waiver reflects the intent as included in the statutory language directing its development and submission. Nevertheless, we appreciate the opportunity to submit these comments highlighting the impact of the Healthy Ohio waiver proposal on Ohio's foster youth.

Sincerely,

Angela Sausser
Executive Director

Mary Wachtel
Legislative Director

Healthy Ohio Program 1115 Demonstration Waiver
Public Children Services Association Comments
May 2016

The Public Children Services Association of Ohio (PCSAO) is a membership-driven association of Ohio's county Public Children Services Agencies that advocates for and promotes child protection program excellence and sound public policy for safe children, stable families, and supportive communities. We have reviewed the Healthy Ohio 1115 Demonstration Waiver and offer the following comments on the waiver proposal's impact on one of Ohio's most vulnerable populations, youth in foster care and those who have aged out of foster care without a permanent family (former foster youth).

Children enter agency custody (foster care) when an investigation by a public children services agency (PCSA) determines that the child cannot safely remain at home. Sadly, some children enter agency custody not because of abuse or neglect, but because their parents have been forced to relinquish custody in order to access treatment for their child's severe behavioral health needs. Regardless of their particular set of circumstances, by and large, children who are removed from their homes have experienced some sort of trauma. As a result, children and youth in foster care have high rates of acute and chronic medical, mental health and developmental problems[1],[2].

Recognizing this need, children and youth in foster care are categorically eligible for Medicaid coverage when they enter agency custody. In addition, former foster youth who were in agency custody when they turned 18 are eligible for Medicaid coverage until they reach age 26, mirroring the provision within the Affordable Care Act that allows young adults to remain enrolled on a parent's employer-based coverage plan up to age 26. This coverage is critical for this population who face significant challenges as they transition to living on their own, including limited education and employment experience, relatively poor mental and physical health, and comparatively high rates of homelessness, incarceration, and early parenting.

PCSAO has appreciated your leadership during the current Medicaid behavioral health redesign process and planning for the transition of foster youth into Medicaid managed care for physical health. It is critically important that the unique needs of the foster youth population are accounted for and can be fully met.

We are concerned that the Healthy Ohio waiver proposal, as statutorily required, will result in loss of Medicaid coverage for foster youth in Ohio and consequently their access to vital behavioral and physical health care that is crucial as they transition into young adulthood. These concerns can be summarized in two main areas, eligibility and cost sharing.

Eligibility: We are disappointed that the exemption for wards of the state does not extend to youth ages 18 and over who are in custody of a public children services agency, or for youth who were formerly in foster care. Youth remain in agency custody beyond age 18 for a variety of reasons; some in order to finish their high school education, some remain through age 21 when they can transition to another system such as developmental disabilities, and others remain to continue receiving needed services and support. The number is not insignificant, in SFY2015, nearly 1570 youth ages 18-21 were in agency custody.[3] This number is projected to rise by 1000 per year if Ohio moves forward with plans to implement extended foster care services to youth until the age of 21, as called for in House Bill 50 and Senate Bill 240, currently under consideration in the General Assembly and supported by a significant number of Representatives and Senators.

The inclusion of youth ages 18 and over who are in agency custody separates children in agency custody into two separate Medicaid programs, Covered Families and Children for youth through age 17, and Healthy Ohio for youth 18+. In addition to the challenges for the youth themselves, this will require PCSAs to manage two separate Medicaid programs on behalf of youth, creating an additional unfunded administrative burden.

Further, former foster youth who were in agency custody on their 18th birthday are also included in Healthy Ohio. PCSAs work hard to assist youth who are transitioning to adulthood to gain valuable self-sufficiency skills including gaining employment. These youth do not have family to fall back on when they experience hurdles and need help. Requiring cost-sharing starting at 10% of the federal poverty level for this population may discourage some youth from seeking employment. For reasons stated earlier, this is an extremely vulnerable population who face many struggles to establish themselves as stable, successful young adults. Stable, comprehensive health care is key to helping them succeed.

Recommendation: Youth 18+ in agency custody and former foster youth should be exempt from Healthy Ohio.

Cost sharing: The waiver requires all participants (with the exception of those with incomes between 0-9% of FPL) to contribute monthly to a "Buckeye account." While the amounts can be seen as modest, research and other states' experiences have shown that even modest cost-sharing creates significant barriers. Further, while other entities can pay into the Buckeye account on behalf of participants to a certain level, only employers and non-profit organizations are named (and for some purposes, managed care plans).

Recognizing the real impact of cost-sharing on vulnerable populations, federal regulations exempt children in foster care and individuals receiving Title IV-E benefits without regard to age, from premiums and cost sharing within Medicaid.[4]

Recommendation: The federal exemption from cost-sharing for children in foster care and individuals receiving Title IV-E benefits should continue in Ohio.

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[1] M. Inkelas and N. Hafon, "Medicaid and Financing of Health Care for children in Foster Care: Findings from a National Survey," UCLA Center for Healthier Children, Families and Communities (September 2002)

[2] "Medicaid Behavioral Health Care Use Among children in Foster Care," Center for Health Care Strategies, Inc. (June 2014)

[3] Ohio Department of JOb and family Services, special data run, 7.26.2015. Additional calculations by PCSAO.

[4] Code of Federal Regulations, title 42, Chapter IV, (C), Section 447.56

Nickie J. Antonio
State Representative, House District 13

April 26, 2016

Director John McCarthy
Ohio Department of Medicaid
50 W Town Street, Suite 400
Columbus, OH 43215

Dear Director McCarthy,

Re: Healthy Ohio Program 1115 Demonstration Waiver

Director McCarthy,

I write to express deep concerns regarding the State of Ohio's request for a Medicaid waiver in order to administer the so-called "Healthy Ohio Program" that was passed in the most recent state budget (HB 64, 2015). The expansion of Medicaid to Ohio's working poor has shown to improve health outcomes for many of Ohioan's most vulnerable citizens, and has reduced chronic disease among enrollees with lower-than-expected costs[1]. The pursuance of this Medicaid waiver jeopardizes the health and well-being of Ohio's Medicaid population, reversing the progress made in the lives of low-income Ohioans through Medicaid expansion.

In this proposed Medicaid waiver program, Ohio will seek to serve adults in Medicaid through a modified type of "Health Savings Account.". Enrollees in this program would be required to pay a monthly or annual fee in order to participate in this program. As a member of the Ohio General Assembly, I have heard firsthand from individuals and organizations that represent the working people of this state. The message of those that would be most affected by this new program is clear: requiring the working poor to pay premiums for essential healthcare services will cut off access to healthcare coverage for those who need it most. Exhaustive research shows that imposing premiums on Medicaid-recipients drives negative health outcomes for recipients, and reduces the number of people that seek medical care when they need it. Research also shows that not only do low-income people pay more as a percentage of their income towards healthcare than the wealthy, but that premiums and fees in Medicaid and other

[1] www.policymattersohio.org/medicaid-jan2016

Committees:
Finance
Finance Subcommittee on Health and Human Services
Health and Aging
Rules and Reference

www.house.state.oh.us
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Email: Rep13@ohiohouse.gov

programs actually prevent them from receiving proper care, which in turn leads to poor health outcomes.

A study reviewing the 2002 National Survey of America's families found that among the insured, low-income families pay a larger share of their income towards out-of-pocket healthcare expenses, and a separate study found roughly one quarter of families below poverty pay upwards of 10 percent of their family income for out-of-pocket healthcare spending.[2] [3] One of the most well-known studies, conducted by the RAND Corporation, found that additional healthcare fees reduced effective care for low-income adults by 41 percent, compared to just a 29 percent reduction for non-low income adults.[4] Locking people out of care for not being able to afford it is unnecessarily cruel and will only lead to further hardship. Erecting financial barriers to access only limits what we can do to ensure those that need affordable care most can receive it.

Tara Britton, of the Center for Community Solutions, testified before the Ohio House that Ohio's Medicaid churn rate will likely increase under Healthy Ohio.[5] Other opponents put it more bluntly, providing evidence that requiring premiums or other payments in Medicaid will push people completely out of the Medicaid system and only worsen the lives of vulnerable Ohioans and of our state as a whole.[6]

Requiring additional fees to access healthcare through premiums, health savings accounts, or through the confusing amalgamation of the two that is the "Healthy Ohio Plan", has been shown repeatedly to worsen health outcomes, push people away from care, and become a bureaucratic and administrative burden on taxpayers. A 2014 study in Health Affairs found that a $10 increase in premiums for those above 101 percent of poverty saw a 6.7 percent reduction in Medicaid and CHIP coverage.[7] When Oregon raised fees the drop off rate was even more alarming. Nearly 50 percent of people lost coverage in just nine months.[8]

Beyond the premiums and lock-out provisions of this waiver, the bill also includes annual and lifetime limits that seem to conflict with federal law and would potentially force those who have care into expensive fee-for-service Medicaid. Since 2014, health insurance companies have not been allowed to set annual or lifetime limits for essential health benefits. Yet HB 64, which

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[2] Shen, YC, McFeeters, J Out-of-pocket health spending between low-and higher- income population: who is at risk of having high expenses and high burdens. Medical Care, 2006 Mar;44(3) Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ

[3] Galbraith A et al, "Out-of-Pocket Financial Burden for Low-Income Families with Children: Socioeconomic Disparities and Effects of Insurance," Health Services Research, 40(6), December 2005. Referenced in Kaiser Family Foundation Use of Cost-Sharing https://goo.gl/Ay82yJ

[4] Brook, R, et al. The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. Santa Monica, CA: RAND Corporation, 2006. http://www.rand.org/pubs/research_briefs/RB9174.html.

[5] Britton, Tara. The Center for Community Solutions. Testimony before the House Health and Human Services Subcommittee, March 11, 2015 http://goo.gl/DFTQvE

[6] Levine, Cathy. UHCAN Ohio. HB 64 testimony before the Ohio House Finance Committee. April 16, 2015. http://goo.gl/xWUqMH

[7] Abdus, S., Hudson, J., et al. Children's Health Insurance Program Premiums Adversely Affect Enrollment, Especially Among Lower-Income Children. Health Affairs, 2014 Aug; 33(8) http://goo.gl/uZs2QU

[8] Patton, Wendy. Healthy Ohio plan is bad medicine. Policy Matters Ohio. http://goo.gl/EscErW

establishes the "Healthy Ohio Plan", requires participants to be enrolled in a health plan offered by a managed care organization that shall have payout limits that are capped annually at $300,000 and lifetime limits at one million dollars.

Individuals suffering from chronic conditions or those that require a large number of prescriptions, like AIDS patients, will quickly exhaust these limits and be forced out of a program that is ostensibly meant to assist them. Why should someone who is especially sick or faced with an unexpected and costly surgery not be able to receive the same level of care or be locked out of the workforce development programs under this waiver request? How do you reconcile these limits with existing federal law? My concern is that participants will be more likely to delay expensive, or avoid purchasing costly preventative prescriptions out of fear of exceeding their yearly or lifetime limit. Annual and lifetime caps are from a previous era of insurance practices, and should have no place in Ohio's Medicaid system.

Finally, the administrative burdens of this system are likely to be a drain on state resources, as evidenced by other states' experiences with similar systems. After suspending premium collections for the state's "private option" Medicaid waiver, Arkansas' Medicaid agency projected that administrative costs would be cut in half.[9] This result is consistent among other states, many of whom have found that the administrative cost in collecting premiums was more expensive than the amount of premiums actually collected, in some cases in the order of more than $12 million dollars.[10] The complexity of changing dollars to "points", keeping the core and non-core portions separate for certain services while combined for others, and tallying incentive points alongside monthly payments, will take time to be learned by both administrators and participants alike. Given the recent track record of the state upgrading systems, we anticipate serious problems will be forthcoming should this plan be approved.[11]

From the initial executive budget unveiling, to this public comment period required by federal law today thanks to the Affordable Care Act, I have repeatedly voiced concerns about the undue burden additional required payments will place on Ohio's most vulnerable citizens. The Healthy Ohio plan is logistically impractical and administratively burdensome at best. Most importantly, the plan will leave more Ohioans without access to quality healthcare.

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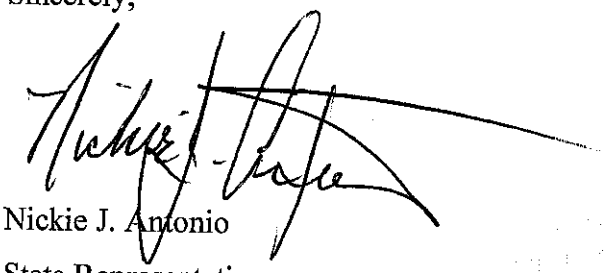
[9] Andy Davis, "Bill asks pause to care changes," *Arkansas Democrat-Gazette*, January 24, 2015, http://goo.gl/SBCqlj, referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr

[10] Arizona Health Care Cost Containment System, "Fiscal Impact of Implementing Cost Sharing and Benchmark Benefit Provisions of the Federal Deficit Reduction Act of 2005," December 13, 2006. referenced in Center on Budget and Policy Priorities, States Can Improve Health Outcomes and Lower Costs in Medicaid Using Existing Flexibility http://goo.gl/oeKAJr

[11] Joel Potts, OJFSDA, Ohio Benefits System Update to the Joint Medicaid Oversight Committee, October 15, 2015 http://goo.gl/sO6lrT , see also Catherine Candisky, "More than 150,000 Ohioans to get Medicaid again after settlement" *Columbus Dispatch* May 12, 2015 http://goo.gl/MKmZPb

It is disappointing that the legislature has required, by law, that the Ohio Department of Medicaid pursue this waiver at such a cost to taxpayers and the health and strength of our citizens.[12] I urge you to stand by the true intent of the Medicaid program and clear away barriers to healthcare access so that Ohio's most vulnerable citizens will have the chance to lead healthy, happy, and productive lives. I hope you will join me in this effort.

Sincerely,



Nickie J. Antonio
State Representative
District 13

[12] Office of Health Transformation, Health Savings Accounts, http://goo.gl/Wd3vsP

To: Ohio Department of Medicaid

From: 3764 Floral Ave
Norwood, OH
45212

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4-23-16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Dawlton King

Sign your name:

Be Be

"Healthy Ohio" Won't Lead to Healthy Ohioans

The Ohio legislature recently passed a law to create a new health care program for most people on Medicaid.

It is called "Healthy Ohio," but don't be fooled.

Healthy Ohio will restrict access to health care for many thousands of low income adults.

The good news is that the federal government must give Ohio permission to make such radical changes in Medicaid and public input matters.

If approved, all non-disabled adults over age 18 with incomes up to 138% of the poverty level will be required to enroll in "Healthy Ohio" if they are on Medicaid.

NOW	UNDER HEALTHY OHIO
No premiums	Monthly or yearly contributions to a "health savings account"
Immediate coverage once eligibility is determined and 3 months retroactive (back) coverage	Coverage only after required payment to health savings account
No annual or lifetime caps on costs	$300,000 annual cap; $ 1 million lifetime cap. Exceeding the cap results in changes to how the consumer can received Medicaid.
Continual coverage until yearly recertification	Loss of coverage for failure to pay monthly contribution and resumption of coverage requires payment of the full amount of the monthly installments.
All adults with incomes up to 138% of poverty are covered	All adults from 0% to 138% of poverty must pay

What's Wrong With "Healthy Ohio"?

1 It Will Lead to Poorer Health, More Costly Care for Ohioans on Medicaid.

Studies show that requiring even small contributions prevent low income people from accessing health care because they already have to choose between paying for food versus rent, mortgage payments, utilities, transportation, or other necessities. People with chronic conditions will not be able to remain healthy instead needing expensive care.

To: Ohio Department of Medicaid

From: Kavotus Lackey
2505 Addison St.
Cincinnati, OH. 45214

Regarding: Comments on the Proposed Healthy Ohio 1115 Medicaid Waiver

Date: 4/26/16

Dear Director McCarthy,

As an Ohio resident, I oppose the "Healthy Ohio" Medicaid Waiver. The proposed changes will make health care unaffordable, complicated, and confusing for the 1 million low income Ohioans on Medicaid. This proposal would hurt the recent progress Ohio has made in increasing access to quality health care.

I strongly support the mission of Caracole, an agency in Cincinnati, Ohio that provides services to more than 1,400 individuals living with HIV/AIDS and helps them access medical care and lifesaving medications. The current Medicaid program without a premium helps many of their low income clients maintain positive health and rely less frequently on emergency medical care through emergency rooms and other emergency medical clinics saving the state both time and money.

Under "Healthy Ohio" if their clients can't afford to pay the Medicaid premium, their clients will lose health coverage which will mean their clients won't be able to get the medical and dental services they need as well as needed lifesaving medications.

I know that I am not the only one that supports Caracole and opposes these proposed changes to Medicaid. These changes will create barriers to access to care for Medicaid-eligible Ohioans. I do not support the "Healthy Ohio" Medicaid Waiver.

Respectfully,

Print your name: Kavotus Lackey

Sign your name: Kavotus Lackey

Community Action Wayne/Medina
Administrative Offices: 905 Pittsburgh Avenue, Wooster Ohio 44691 330.264.8677 FAX 330.264.5170
Medina Office: 820B West Lafayette Road, Medina Ohio 44256 330.723.2229 FAX 330.723.5418

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

To Whom It May Concern:

As the Wayne County Mobility Coordinator, I would like to point out that your plan does not mention the need for transportation assistance. While all of these initiatives are great ideas, if people can't get to the medical appointments or any of the health incentive programs, there is little advantage to having them. Funding needs to be earmarked for transportation, be it in the form of bus or cab passes or in contracting with transportation providers to operate shuttles as a Rides to Wellness program.

The Federal Transit Administration's Rides to Wellness program is addressing this need for health-related transportation services that are free or low cost. Since the populations that use Medicaid are the transportation disadvantaged, I think this speaks to the need to include funding in your programs that address this enormous barrier to health services.

In my county, the transportation barrier was noted in the 2013 Community Health Needs Assessment conducted by Aultman Orrville Hospital in Orrville and the 2014 Wayne Locally Coordinated Public Transit-Human Services Transportation Plan. I feel that in order to overcome this barrier, there needs to be a coordination effort focusing on transportation assistance between the Ohio Department of Job and Family Services, the Ohio Department of Developmental Disabilities, the Ohio Department of Transportation's Office of Transit, and the Ohio Department of Medicaid.

Sincerely,

Leslie Baus,

Wayne County Mobility Coordinator

Community Action Wayne/Medina

Healthy Ohio Program
1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St.
Columbus, OH 43218

April 26, 2016

To Whom it May Concern:

While I can't claim to have more than a basic understanding of Medicaid and its laws, I can readily say that charging a monthly "premium" of $8.25 or less to poor working individuals who qualify for Medicaid benefits no one. It just adds a costly layer of complication to the whole system.

People who need to be on Medicaid also have trouble paying for housing, food, clothing, hygiene care, and transportation. That making them pay $99.00 or less per year in order to get medical care is like stepping on a guy who's already fallen in the mud.

Taxpayers would also end up paying more to cover the expense of setting up a new system, monitoring it for compliance, and constantly removing and re-enrolling individuals who can't always afford the payments. We don't need more mazes of red tape in our government.

Debbie Perlmutter
7128 Regents Park Blvd., Toledo, OH 43617, 419-283-4720

What's Wrong With "Healthy Ohio"?

2 It's Complicated

- The health savings account and point system is difficult to understand and use.
- Healthy Ohio uses debit "swipe" cards that are expensive to set up and operate.
- Patients could wait weeks or months between application and coverage.

3 It's a Waste of Taxpayer Money

Setting up and operating the debit card and point system will cost millions of dollars that could be spent more wisely.

What's Next?

The Ohio Department of Medicaid, is responsible for applying to the federal government - Centers for Medicaid and Medicare Services - for permission to change the way Ohio operates Medicaid now.

Two Opportunities to Weigh In On Proposed Changes to Ohio Medicaid

People concerned about changes to Ohio's Medicaid program have two chances to express their concerns and ask regulators to reject Ohio's request.

Ohio Department of Medicaid

1. **State Comment Period** before the Department of Medicaid submits its application; and

2. **Federal Comment Period** once the application is submitted the federal government.

Ohio's current expanded Medicaid program is working well. It has made health care a reality for hundreds of thousands of low income Ohioans. Ohio Medicaid helps Ohioans get and keep employment, stabilizes their families, and helps them stay healthy. Making it harder for Medicaid enrollees to get health care will hurt Ohioans and take us in the wrong direction.

Visit www.uhcanohio.org/HealthyOhioMedicaidWaiver for up-to-date information on what you can do.

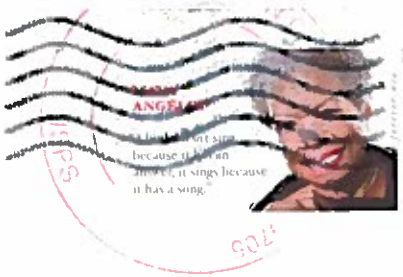
Please wr Back

Dear Mary Taylor I Have Some
concerns About Propose
Fee To Make The Poor Like
Me pay For Medical Service
That Part Medicaid Whitches
Law Makers wants To
make Low income Residents
Pay For Premiums I Am
Against The propose Fee For
Me And The Poor If it is
a Problem with cost I think
medicaid should not Be Expend-
ed. I Think we need Medicaid
Expended For The Poor lots Low income
Cannot afford To pay For Healthcare
Whiches Parts The new Health Ohio Thanks
To President obama For Having
The Afforible care ACT pass BY
congress Like martin Luther King
said we on The move now we can-
not afford To Turn Back Most of
The Poor Like Me Live in ohios
Large cities Like Dayton cincinnati
cincinnati columbus cleveland
Toledo Akron. I had a Heart Attack
I Take Blood Presure medicine

I cannot afford To PAY For
my Medicine I Have 2 Stay
On my Meds or I have a
Another Heart attack Lots
Low income People That
now go To Family Doctor now
And Another Thing Emergency
Rooms not crowded Like used
2 Be and Like I Said Most
Every One In Ohio And
America Have Health insurance
we couldnot Afford To get
Before Lots 30 State Expanded
Expanded Their Medicaid
Like ours did

PAUL Harvey APt 301
1435 W Third St
Dayton Ohio 45402

COLUMBUS OH 431
17 MAY 2016 PM 6 L



state of Ohio
Att Lieutenant Governor
Mary Taylor
77 S High Street
30 Floor
Columbus Ohio 4215

Office of the Governor
RECEIVED
MAY 18 2016
Governor John R. Kasich

Anthem BlueCross BlueShield

May 13, 2016

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 West Town St., 5th Floor
Columbus, Ohio 43218

Via Electronic Mail to: HealthyOhio@medicaid.ohio.gov

Re: Public Comments on Healthy Ohio Program 1115 Demonstration Waiver

Dear Department Officials,

Anthem Blue Cross and Blue Shield (Anthem) is pleased to submit our comments to the Department regarding the draft Healthy Ohio Program 1115 Demonstration Waiver. Anthem has a long history of serving the health care needs of all Ohioans, with more than 3.3 million members enrolled in our products across the State. Additionally, as a wholly-owned subsidiary of Anthem, Inc., we are part of an organization that is the nation's leading provider of health care solutions for state-sponsored programs. Our affiliate health plans partner with 20 states to serve nearly 6 million people in Medicaid, CHIP and other state programs. We bring deep organizational expertise and passion for working with state partners to develop dynamic and innovative health care programs that improve the availability and quality of health care to low individuals.

We greatly appreciate the opportunity to participate in the public comment process, and look forward to further collaboration with the State on the Healthy Ohio Program.

Should you have any questions regarding this submission, please contact me by phone at 678-587-4844 or via email at Tunde.Sotunde@anthem.com.

Sincerely,

Tunde Sotunde, MD
President, North Region, Medicaid Business Unit

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

RESPONSE TO OHIO'S HEALTHY OHIO PROGRAM 1115 DEMONSTRATION WAIVER DRAFT APPLICATION

Anthem Blue Cross and Blue Shield (Anthem) began serving Ohio in 1939 and has a long history of and demonstrated commitment to addressing the health care needs of all Ohioans. We are dedicated to expanding access to high-quality health benefits for members and empowering them to lead healthy lives. We currently serve more than 3.3 million members through diverse programs across Ohio, and we will begin serving State employees in July 2018.

As part of the Anthem, Inc. family of companies, our national organization is one of the nation's leading providers of health care solutions for state-sponsored programs, serving more than 5.9 million people in Medicaid, CHIP, and other state programs across 20 states. Our affiliate health plans serve the full scope of Medicaid program populations, from low-income families and children to those with more complex health care needs, including children and youth in foster care, individuals with specialized behavioral health needs, and individuals enrolled in Home and Community-Based Services (HCBS) waiver programs receiving Long-Term Services and Supports (LTSS).

This extensive national experience includes over 25 years of development and implementation of innovative programs that draw upon the latest best practices in areas such as member outreach and education, provider engagement, preventive health programs, cost-sharing and incentive programs, and specialized populations – all customized to meet state-specific needs. Of particular relevance as we offer our feedback on the proposed Healthy Ohio Program, our Indiana affiliate has significant experience implementing, operating, evaluating, and enhancing a similar program, the Healthy Indiana Plan (HIP). This program is designed to foster personal responsibility, engage members in taking greater ownership of their health care, and deliver better health outcomes.

As the Ohio Department of Medicaid (ODM) moves forward with the Healthy Ohio Program 1115 Demonstration, we offer recommendations we believe are critically important to a successful and sustainable Medicaid managed care program within the context of the draft waiver application. We greatly appreciate the chance to participate in this public comment process and welcome the opportunity to meet with ODM at any time to discuss our response further. We look forward to future collaboration with the State on innovative programs designed to improve the availability and quality of health care to Ohioans. For ease of review, we have aligned our comments with sections of the draft waiver.

Program Overview

The demonstration waiver identifies four goals for the Healthy Ohio Program. The commitment to and focus on these goals is evident throughout the application. Anthem commends ODM for proposing an innovative program designed to promote member engagement and personal responsibility, increase the use of preventive services, increase provider engagement in the healthy behaviors of members, and increase the number of commercially insured members. Our affiliate's eight years of experience in Indiana, with HIP 1.0 and the expansion to HIP 2.0 in February 2015, has clearly demonstrated that members want to be healthier and more engaged in their own care. We would appreciate the opportunity to share this experience, data, and our observations regarding the Indiana programs with ODM.

We recognize the critical importance of program evaluation and measurement, and applaud ODM for establishing a framework to evaluate the program's achievement of its stated goals. We believe that the most successful program evaluation structures are created through a collaborative stakeholder feedback process. To that end, we recommend that ODM create a work group with the selected managed care

plans, representative providers, consumer advocates, and other key stakeholders to review and fine-tune the information presented in Table 1.3, Healthy Ohio Program Evaluation. This collaborative work group can review program measures to verify that data sources are readily available and consistent across managed care plans. The work group can also confirm that program design features and their operational implementation enable managed care plans and providers to meaningfully impact and influence behavior that supports program goals.

Demonstration Eligibility

Anthem applauds the State's broad-based inclusion of all non-disabled adult Medicaid recipients in the Healthy Ohio Program. This provides them the opportunity to be part of an innovative program designed to transform individuals into active and informed consumers of health care services and support their transition from public assistance to commercial market coverage.

Based on the experience of our affiliate health plans delivering managed LTSS in eight states, we recommend that members in HCBS waiver programs and receiving LTSS be enrolled in the Healthy Ohio Program and receive services through their managed care plan. This will enable full coordination of care, ease for the members, and savings for the program overall. We request that ODM confirm that individuals receiving LTSS are included in the Healthy Ohio Program. There appears to be conflicting information within the draft application on whether such individuals will be enrolled in the Healthy Ohio Program, and whether LTSS or waiver services will be provided through the selected managed care plans or delivered fee-for-service as a carve-out.

Benefits

The Healthy Ohio Program proposes to offer members the robust benefit package offered through the Ohio Medicaid State Plan and Alternative Benefit Plan. Anthem supports delivering a fully integrated benefit package, inclusive of behavioral health, LTSS, and non-emergency medical transportation. This stems from our strong belief in an integrated approach to addressing individuals' total physical health, behavioral health care, social, and waiver-related support needs. We believe this comprehensive approach is crucial to improving the member's health status and quality of care and services, while proactively managing costs and emphasizing member choice, access, safety, independence, and responsibility through active engagement, communication, and coordination.

In Table 3.1, Benefit Packages, the waiver appears to incorporate several benefit packages based on eligibility group. As ODM moves forward with more detailed program design, we encourage the State to minimize the number of benefit packages in the Healthy Ohio Program. Streamlining benefit packages helps members easily understand their benefits and access care, results in administrative simplification for providers, reduces operational complexity for managed care plans, and supports easier program administration and evaluation for ODM.

Cost Sharing

We commend the State for incorporating cost-sharing elements into the Healthy Ohio Program. Anthem believes that there are a number of ways to use cost sharing to promote member financial responsibility and provide greater transparency around the costs of services in support of program goals.

Our Indiana affiliate has experience with similar cost-sharing components. They have implemented a number of methods to help members understand the cost of their care and manage their account, including monthly statements, online access that displays an up-to-date account balance and lists all applied expenses, and receipts printed by the provider at the point of service. Additionally, to foster greater program transparency, our affiliate is exploring real-time notifications when expenses are deducted from their account.

In Indiana, observations during the first year of HIP 2.0 operations reveal that requiring member contributions at all income levels creates a positive impact on consumer behavior and health outcomes, and also demonstrates that members are actively engaged in their health care and accessing services. One of the more revealing findings is the extent to which low-income individuals choose the plan option that requires member contributions (the HIP Basic plan requires member copayments and the HIP Plus plan requires monthly member contributions). Overall, 70 percent of members are choosing to pay monthly contributions and receive the enhanced benefit package included in HIP Plus. In HIP Plus, approximately 82 percent of members have incomes at or below 100 percent Federal Poverty Level (FPL) and nearly half of these members are in the lowest income bracket, as shown in Figure 1. In addition, nearly half of the members making contributions chose to pay their entire annual contribution in advance and most of these members who chose to do pay in advance were in the lowest income bracket.

Figure 1. Members are Making Required Contributions

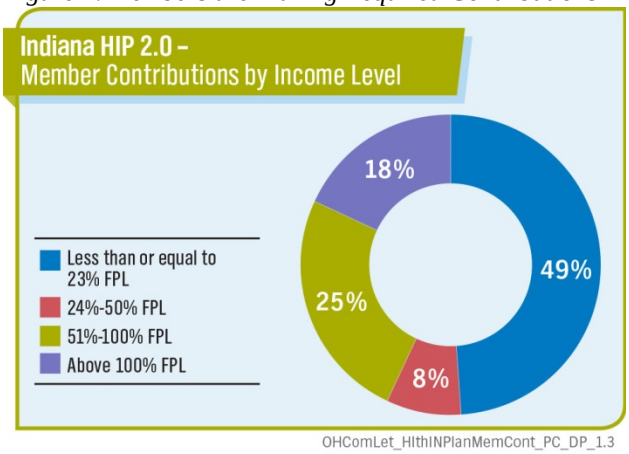
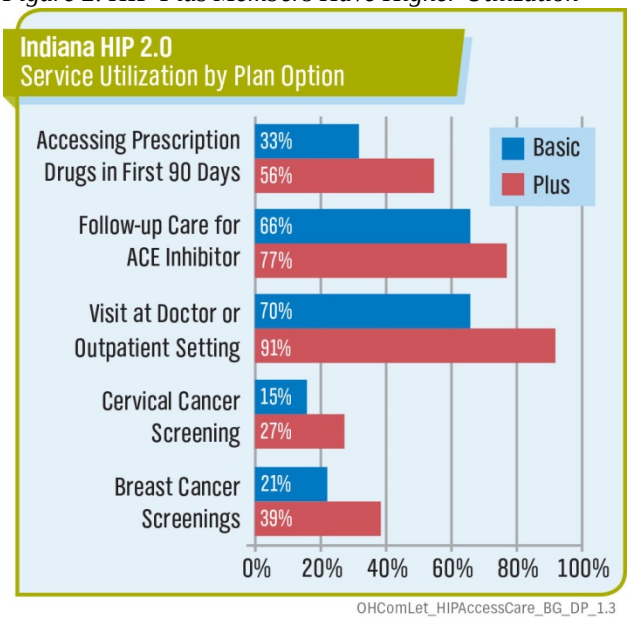


Figure 2. HIP Plus Members Have Higher Utilization



Our Indiana affiliate is also seeing indications that members who make monthly contributions are actively accessing benefits and engaging in their care. As shown in Figure 2, HIP Plus members, those making required monthly contributions, have higher service utilization rates than HIP Basic members, who have copayments but no monthly contribution. For example, for preventive care screenings, HIP Plus members are receiving cervical cancer and breast cancer screenings at a significantly higher rate than HIP Basic members.

We recommend that ODM make the Healthy Ohio Program as clear and simple as possible for members, providers, and managed care plans. Educating and communicating with members and providers is critical to meeting program goals and a lack of understanding of the Healthy Ohio Program, including Buckeye Account components and rules, could create barriers to influencing desired behavior. We believe that provider support and participation is essential, and we encourage ODM to consider the administrative impact on providers and ensure that processes are not overly burdensome.

We commend ODM and legislative leaders for incorporating rewards for healthy behaviors into the Healthy Ohio Program, and we appreciate that both the State and providers can award healthy incentive points to the core portion of a member's Buckeye Account. We suggest that managed care plans also be granted the authority to award healthy incentive points. We have seen positive results when members are

rewarded, especially in real-time, for making healthy choices. The Healthy Incentive Point System should be designed to deliver timely feedback to members to reward healthy choices and streamline the process for providers to encourage consistent participation for all Healthy Ohio Program members. Anthem suggests that ODM consider allowing managed care plans to reward healthy behaviors in real-time and to apply incentive points/dollars to members' next monthly contributions so that they receive more immediate positive feedback. This mechanism is being successfully used across lines of business (including commercial insurance and Medicare) to foster personal engagement and responsibility.

We recommend that ODM collaborate with selected managed care plans and providers to identify the best way to operationalize the Healthy Incentive Point System. Involvement from providers and selected managed care plans would be especially valuable in helping to identify where Buckeye Account funds can be used "to pay for qualifying health-related benefits" (other than over-the-counter medications).

Our Indiana affiliate provides immediate healthy behavior rewards (for example, a gift card) as a value-added benefit to reward members for positive behaviors, such as completing initial health assessments, obtaining prenatal care, and smoking cessation. In focus groups with Indiana members, the health plan learned that most members understand the importance of preventive care, yet the extent to which an incentive motivates a member to seek preventive care varies. It is clear that for incentives to be the most effective, they need to be received or recognized by the member within a short time period after the member exhibited the healthy behavior. Our Indiana affiliate continues to evaluate the types and amounts of incentives to determine what changes may be needed to drive member engagement.

Anthem is a strong advocate of the decision to include a preventive care incentive in the Healthy Ohio Program. In Indiana, HIP 2.0 includes a similar process that allows members to carry funds to the next year if they obtain recommended preventive services. Similar to overall service utilization, HIP Plus members are accessing preventive care at a much higher rate than HIP Basic members. In the last 12 months, more than 87 percent of HIP Plus members accessed preventive care and ambulatory services, which is more than 40 percent higher than the rate HIP Basic members are accessing the same services.

Anthem welcomes the opportunity to discuss our affiliate's Indiana findings in more detail with ODM to help implement the most effective healthy behavior and preventive care incentives for the Healthy Ohio Program. This topic is another opportunity to engage selected managed care plans, providers, and members to explore the best way to operationalize the incentive program and support Healthy Ohio Program goals in a manner that is clear, simple, consistent, and easy to administer and evaluate.

Implementation of the Demonstration

Anthem fully supports ODM's decision to implement the Healthy Ohio Program statewide, including mandatory managed care enrollment for all eligible populations. We also support the decision to conduct a competitive managed care procurement for the Healthy Ohio Program. We suggest that this procurement focus on the technical capabilities of the managed care plans to meet the goals and objectives of the program. Further, we recommend ODM solicit information from managed care plans with experience implementing and operating programs with similar components. To foster continuity of care for families, ODM may wish to consider a consolidated program that combines the Ohio Covered Families and Children with the Healthy Ohio Program.

We agree with the implementation schedule presented in Section 6 that provides a lead time of more than 12 months prior to the January 1, 2018 start date. Our affiliate's experience in Indiana demonstrates that member and provider education, outreach, and buy-in are critical components of program success. The managed care plans and ODM will need sufficient time for readiness review, stakeholder outreach, and member transition to ensure a smooth implementation. We also suggest that ODM expand the readiness review process to include operational components that confirm each managed care plan is ready to meet

the unique requirements of the program and to maintain a high level of support to Healthy Ohio Program members and providers.

The waiver application indicates that ODM will "assure that there are at minimum two managed care plan options for enrollees." We recommend that ODM carefully consider the total eligible population so managed care plans can establish and maintain sustainable membership levels. Too few managed care plans may deliver enrollment numbers that would present an operational challenge and too many may create a program that is not financially viable for participating plans.

Anthem also suggests that ODM encourage and facilitate collaboration between selected managed care plans and the State during the implementation process. This collaboration should focus on aligning operations with program goals with an emphasis on:

- Creating member messaging and operational procedures that support program goals and minimize confusion, which may create barriers to accessing care and services or inadvertently incent behavior that does not align with program goals
- Engaging providers in the Healthy Ohio Program and creating common processes across managed care plans that minimize administrative burden and provider abrasion and encourage widespread provider support and participation
- Soliciting ideas and assistance from stakeholder partners, including consumer groups and advocates, who can help the State and the managed care plans educate members on the Healthy Ohio Program

Creating an environment where managed care plans work collaboratively with ODM to combine their experience, strengths, and innovations will better engage members, providers, and stakeholders and support Healthy Ohio Program goals.

Conclusion

Anthem appreciates the opportunity to submit this written response to the Ohio Department of Medicaid regarding the Healthy Ohio Program 1115 Demonstration Waiver draft application. We have outlined our recommendations based on best practices in program design and our organization's experience in the areas addressed in implementing, operating, and evaluating a similar program. We look forward to continuing productive discussion and problem solving as a partner in Ohio's efforts to achieve this next generation vision for Ohio Medicaid.

1 STATE OF OHIO

2 PUBLIC MEETING

3

4 - - -

5

6 IN RE:

7 HEALTHY OHIO WAIVER 1115

8

9 - - -

10

11 The above public meeting was held at

12 the Mercy Health Home Office, 1701 Mercy Health

13 Place, Cincinnati, Ohio 45237, Room S144 A & B (1st

14 Floor), on April 26, 2016 at 2:00 p.m., before

15 Terence M. Holmes, Professional Court Reporter, and

16 Notary Public within and for the State of Ohio.

17

18 - - -

19

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21

22

23 HOLMES REPORTING & VIDEO
982 Havensport Drive

24 Cincinnati, Ohio 45240
(513) 442-3308

25

ODM LEGAL 06 24 16 12:42

1 APPEARANCES:

2 On Behalf of the Ohio Department of

3 Medicaid:

4

5 John McCarthy

6 Director

7 and

8 James G. Tassie

9 Assistant Director

10 Lazarus Building

11 50 West Town Street, Suite 400

12 Columbus, Ohio 43215

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SPEAKERS:	PAGE
Seema Verma	6
Margaret Meyer	21
Doris Eldelmann	24
Monica McClorn	26
Robert Brown	27
Karen Bell	31
Judith Warren	34
Charles Wood	38
Prencis Wilson	40
Mike Baird	42
Donald Washington	47
Regina Campbell	50
Brenda Eakin	57
Dr. Michael Marcotte	58
Dr. Donald H. Nguygen	61
Cannon Hopey	66

1 P R O C E E D I N G S

2 JIM TASSIE: Good afternoon. My

3 name is Jim Tassie and I'm the Assistant Director

4 and head of policy for the Ohio Department of

5 Medicaid.

6 On April 15th, 2016, the department

7 published for public comment a draft section 1115

8 demonstration waiver, commonly known as the Healthy

9 Ohio Waiver.

10 Healthy Ohio came to fruition

11 through a legislative amendment included in last

12 year's budget deliberations in the Ohio House of

13 Representatives.

14 In accordance with 42-CFR-431.408,

15 we will present a summary of the contents of the

16 waive and offer members of the public an

17 opportunity to comment.

18 If you wish to offer comment, you

19 must've signed up at the sign-up sheet up here at

20 the front table. If you haven't yet signed the

21 sheet, please do so in order that we may be able to

22 call on you.

23 While sharing with us a written copy

24 of your comment is not required, we will gladly

25 accept any written comments that reiterate or

1 supplemental to, or in lieu of actual oral
2 comments.
3 Thank you for being with us today,
4 and we hope you find this presentation informative.
5 At this time, I'll turn it over to
6 Director John McCarthy.
7 DIRECTOR McCARTHY: Good afternoon,
8 everyone. Glad to see we've had so many people
9 come out to join us today for this public comment
10 period for the waiver.
11 As Jim said is the requirement of
12 the federal law that we do a couple of public
13 hearings.
14 UNIDENTIFIED PERSON: We can't hear
15 you back here.
16 DIRECTOR McCARTHY: We did the
17 public hearing. Here we go. We did the public
18 hearing in Columbus. We're also doing the public
19 hearing down here.
20 From these meetings, we will take
21 those comments, emphasize 'em, and determine what
22 if anything we need to send out to make changes in
23 the waiver.
24 Our plan right now is after we get
25 the -- after we get comments and we decide what we

1 can or can't change, then what we're going to do is
2 submit the waiver to CMS. We are hoping to do that
3 by the latest June 30th, so it might be before
4 that, but that's the timing that we're working on
5 around that.
6 So, as Jim said, we're here to hear
7 your comments, and with that we are first gonna
8 turn it over to Seema Verma who helped us develop
9 the waiver, and she's going to go through a short
10 presentation about the waiver.
11 SEEMA VERMA
12 SEEMA VERMA: Good afternoon. Thank
13 you for being here. Just gonna start a little bit
14 of a history of the expansion.
15 UNIDENTIFIED PERSON: I don't think
16 we can hear you.
17 SEEMA VERMA: Can you hear me back
18 there in the back of the room?
19 UNIDENTIFIED PERSON: We can't hear
20 you.
21 SEEMA VERMA: Can you hear me now?
22 UNIDENTIFIED PERSON: Yes.
23 SEEMA VERMA: Is that better? Okay.
24 I'll make sure that I'm talking in my microphone.
25 Let me know if I forget to do that.

1 Just going back with a little bit of
2 background. In 2014, Governor Kasich expanded the
3 state's Medicaid program to the newly eligible
4 adults under the Affordable Care Act to individuals
5 with income under a 138% of the Federal Poverty
6 Level. And to date there's roughly 584,000
7 individuals that have been enrolled in the program.
8 In 2015 the General Assembly
9 developed the Healthy Ohio Program to provide
10 coverage to this expansion population and other
11 non-disabled Medical eligible adults. And so
12 that's what we're gonna focus on today, is this
13 proposal that came from the General Assembly, the
14 Healthy Ohio Program.
15 So the program is probably along
16 three tracts. And the first piece is transitioning
17 all non-disabled adults in the Ohio Medicaid
18 Program into the Healthy Ohio Program. And so this
19 includes not only the individuals in the expansion
20 population, but also some of the non-disabled
21 adults. And we'll go through that in more detail
22 in the later slides.
23 The second piece of the program is
24 it introduces the consumerism concepts in
25 incentives for individuals to adopt healthy

1 behaviors.

2 And then Number 3, it supports

3 individuals as they transition off public

4 assistance into commercial coverage into a

5 employer-based coverage.

6 So starting with the eligibility and

7 who qualifies for the program. It's all

8 non-disabled Medicaid adults, age 18 of age or

9 older with incomes less than a 138% of the poverty

10 level. Specifically those groups are the new adult

11 population. It's also our low-income parents and

12 caretakers in Section 1931. Our transitional

13 medical assistants population, the low income 19

14 and 20 year olds, women, pregnant women, and the

15 Title 4 eligible children that are 18. Foster

16 youth to age 26, and women in the breast and

17 cervical cancer program.

18 In terms of cover benefits, there

19 are no changes. So all the benefits that are

20 offered in the program today, in the Medicaid

21 program, will be the same benefits that are offered

22 in the Healthy Ohio Program, so no changes in

23 benefits.

24 However, the legislation does offer

25 a annual and lifetime benefit limit. It's on an

1 annual basis, that's $300,000.00, and on a lifetime
2 basis that's a $1,000,000.00. However, when
3 individuals hit those limits, they are transferred
4 into the traditional Medicaid program. So they're
5 not losing coverage, they're just changing the
6 program that they're enrolled in. And so they'll
7 be in the existing program. So they move from the
8 Healthy Ohio Program into the state's existing
9 program when they hit those benefit limits.
10 The center piece of the program,
11 it's all members that are participating in the
12 Healthy Ohio Program have a Buckeye account. And
13 that's very similar to a health savings account.
14 And so within this Buckeye account, the account is
15 bifurcated into two pieces, the core portion and
16 the non-core portion.
17 The core portion is the member's
18 portion of the program of the account, and the
19 members making contributions into the core portion.
20 And they also have the opportunity to earn money
21 into the account. So they're making their
22 contributions which are roughly 2% of income or up
23 to $99.00 per year, and then they can also earn up
24 to 320 points, and every point translates into
25 $1.00. So they can earn an additional $320.00 into

1 their account. And we'll talk about the types of
2 things that they can do to earn money into the
3 account.
4 On the non-core portion of the
5 account, the state is going to contribute a
6 $1,000.00 every year into the account. So the
7 account can build up over time with a maximum of
8 $10,000.00 into this account.
9 In terms of what the account is used
10 for. So, we talked about the core portion. This
11 is the member dollars. So they're putting money
12 into the core portion of the program or into the
13 account, and they're going to use that to make
14 co-payments that are required in the program. And
15 then they can also use the remaining dollars to pay
16 for services that are not covered in the existing
17 benefit plan. So it could be, and I think those
18 types of services are going to be identified at a
19 later time, but they could things like
20 over-the-counter medication. So they could use the
21 money that they've earned, and they can actually
22 use it to either cover their co-payments or they
23 can purchase other products or services that are
24 not actually offered in the base benefit account.
25 And then on the non-core portion of

1 the account -- As I said they're getting a
2 $1,000.00 a year and they're going to use that
3 towards deductible. And after the money is
4 exhausted, then the plan just pays for it for
5 whatever services, but they still get that
6 $1,000.00, and that goes towards their initial
7 deductible amount.
8 So, you know, over time if the money
9 builds up, they're still putting the dollars on the
10 non-core side towards the deductible. And then
11 also on the co-payments -- So if there's no money
12 in the account, then the individual doesn't have to
13 pay co-payments. So they can just use that
14 account. If there's money in the account they can
15 use that to pay their co-payments, but if they
16 don't have money in their account, then they're not
17 required to pay co-payments.
18 So, terms of the cost sharing for
19 recipients in the Healthy Ohio Program. As I
20 mentioned earlier, individuals would be required to
21 pay 2% of their income, up to a maximum of $99.00
22 per year as a condition of eligibility.
23 Pregnant women and individuals with
24 no income are not required to make these 2%
25 contributions. Individuals can also get help from

1 other third parties. So not-for-profit
2 organizations contribute up to 75% to help people
3 make their monthly contributions. And employers
4 can also help and pay up to 50% of the
5 contribution. So, combined if you've got an
6 employer in a not for profit, the individual still
7 has to make at least 25% of the required payment,
8 but they can get help from other entities in making
9 that contribution.
10 As we said before, the money that
11 they're putting into their account will actually go
12 towards their co-payments. So, there's a list of
13 co-payments here, for inpatient services, that
14 would be $75.00. For outpatient services, that's
15 $4.00. For prescription medications, that's
16 another $4.00. And if it's a brand-name drug or a
17 non-preferred drug, that would be $8.00, and then
18 if they go to the emergency room for a non-urgent
19 related visit, that would be $8.00, as well.
20 However, keep in mind these co-payments don't apply
21 if the member has exhausted their funds in their
22 non-core side of the account. So, if they don't
23 have money in the account, then they're not
24 required to pay for these services.
25 So, just to level us, to kind of get

1 an idea, I think when we say 2% of the federal
2 poverty level, that's sometimes confusing. So this
3 chart kind of gives you an idea of what that is.
4 And federal poverty level means they're not only
5 looking at income, but they're also looking at
6 family size. So this is going to vary by the
7 individual, depending on their income and their
8 family size, but this gives you a range of what
9 these contributions could be for an individual.
10 So ranging, again, you know, nothing
11 for somebody that doesn't have any income, and
12 somebody at 10% of the poverty level, that can be,
13 you know, roughly $2.00, and it does not exceed,
14 however, $99.00 per year or $8.00 and $25.00 or
15 $0.25 cents per month.
16 So, if an individual does not make
17 their required monthly contribution -- they're
18 supposed to make that every month and they have a
19 grace period. So if they don't make that
20 contribution within 60 days -- so there is a grace
21 period -- they are terminated from the program, but
22 they can re-enroll. All they have to do to
23 re-enroll is to pay either miss contributions, and
24 then they can re-enroll into the program.
25 So in terms of going back to the

1 Buckeye account. We talked about members being
2 able to earn money into this account. And that
3 money helps them pay for services that might not be
4 covered, and it also helps them pay their
5 co-payments. So when they earn those points, it
6 accrues to the core side and one dollar for every
7 point. And so it's up to 320 points during the
8 year. And the way these points can be accrued, is
9 some of them can be assigned by the state. So the
10 state will come up with a list of, you know,
11 different types of -- you know could be
12 participating and do these management course or
13 other types of things that they would assign point
14 for. And providers, as well, can sign up to, up to
15 a 100 points.
16 And then members that are paying for
17 their 2% monthly contribution, if they're doing
18 that electronically through a debit card, they can
19 earn an additional 20 points, as well. And then
20 individuals that canceled it, they started doing it
21 and they stopped doing it, they would lose 20
22 points in their account. It's up to 320 points.
23 And the Medicaid agency will come up with a more
24 defined list of what types of behaviors or what
25 types of things you can do to earn points into your

1 account. But some of those types of things might
2 be participating in a smoking sensation program, a
3 weight management program, but the idea here is to
4 encourage or incentivise individuals to participate
5 in -- to improve their health.
6 So, terms of the program, there's an
7 incentive to manage the funds in the account. Is
8 essentially, the money in the account, those
9 contributions that they're making in the account,
10 those belong to the individuals and they can
11 potentially, if there's money left over in that
12 account, it can offset what they owe in the future.
13 So they're required to make a 2%
14 contribution, but if they have money left in their
15 account at the end of the year, that can be used to
16 roll over, and that -- and the amount that rolls
17 over, it depends on whether the member has received
18 preventative services.
19 So, if they receive their
20 preventative services and the Centers of Disease
21 Control put a list out every year, required
22 preventative services, those could be things like:
23 Mammograms, colonoscopy, and it's very age and
24 gender specific, but if those preventive services
25 are completed, all of the money that's in the

1 account rolls over and it belongs to the individual
2 in their Buckeye account.
3 If they haven't completed their
4 preventative services, their money still rolls
5 over. So that belongs to them. They also -- Any
6 third-party contributions, that will also roll
7 over, but they wouldn't be -- they would not
8 receive any of the core points that they earned or
9 the state's contribution, those pieces would not
10 roll over.
11 So the account could potentially
12 build up, and I think as we said before, that
13 account could kind've built up to a limit of
14 $10,000.00 into that account.
15 The Healthy Ohio Program, another
16 feature of the program is that it promotes and
17 focuses on self-sufficiency and supporting
18 employment. So individuals in the program that are
19 working less than 20 hours a week or those
20 individuals that are unemployed, they'll be given a
21 referral to a work force development agency and
22 they can choose to participate in those programs if
23 they wish.
24 Additionally, what the program will
25 do is to the individuals that are leaving the

1 Medicaid program or the Healthy Ohio Program, they
2 will actually, will move their account that they
3 have, the Buckeye account, into a, what we call a
4 "Bridge Account." And this supposed to help them
5 ease into private market health insurance.
6 Let me talk a little bit more about
7 the Bridge Account. So the Bridge Account is for
8 those individuals that are leaving the program.
9 And as we said that account could be valued at up
10 to $10,000.00, and as they leave the program, they
11 can keep that account balance. And what they can
12 use that money for is to help them pay for
13 potentially an employer sponsored plan. They could
14 be getting coverage through, you know, individual
15 health insurance or maybe through the exchange or
16 other types of things, but the idea is to use that
17 account to help them offset their expenses, and
18 those could be either premiums and it could also be
19 the cost sharing associated with those covered
20 services, so it could be co-payments and
21 deductibles that they may be required to pay in
22 their new plan.
23 So, essentially this program is an
24 alternative to the traditional program that is in
25 existence today. There is the Buckeye account that

1 every individual that participates in the program
2 has. There is an incentive structure, 'cause it
3 encourages individuals to use that account
4 prudally. If they save the money in the account,
5 they could use that to pay for services, they're
6 not covered, and then they can also transfer that
7 money to the Bridge Account and use that to
8 purchase commercial health insurance.
9 So, as John referenced before, this
10 is -- the reason we're doing this presentation, in
11 order to do this program, this requires federal
12 approval, and we are doing that through what we
13 call a Section 1115 Waiver. It's just the
14 terminology in the Medicaid program. And we are
15 seeking a five-year waiver. So it's a five-year
16 demonstration waiver, and in that time we perform
17 the program and then evaluate the results of the
18 program.
19 And what we're trying to achieve of
20 the program goals are, the ones stated on the
21 screen: Promoting member engagement, health and
22 personal responsibility, including the appropriate
23 use of health care services. Increasing the use of
24 preventative services by members. Is that
25 incentive to do their preventative care because

1 they can roll over more money if they're completing
2 their preventative health care services, and also
3 increasing provider engagement and member healthy
4 behaviors because the providers can assign some
5 points for their patients for helping them. That
6 also engages the providers, as well. And then
7 increasing the number of commercial lead sure (sic)
8 because we're helping individuals pay for their
9 employerd sponsored health insurance, that could
10 potentially increase the number of people that are
11 insured outside the Medicaid program.
12 In terms of the cost of the program
13 of budget neutrality, is part of the waiver
14 submission. We will demonstrate that this program
15 is no, not more expensive than existing program.
16 And the estimate show that this will save the state
17 and federal government nearly one billion dollars
18 over the five year waiver period. And some of
19 those savings are derived from a couple of
20 different areas. Some of that's the design of the
21 program and that there are incentives embedded into
22 the structure, incentives around preventive care,
23 incentives around discouraging inappropriate use of
24 the health care system. And then also in terms of
25 member attrition. We'll have some individuals

1 perhaps that are a transition to private health
2 care, as well. So we'll see some changes in terms
3 of enrollment.
4 In terms of next steps, I think John
5 summarized this earlier, the waiver is being posted
6 for public comment, and so there was a hearing in
7 Columbus, there's this hearing, and people can also
8 submit comments on line. And then based on those
9 comments the waiver will be submitted at the end of
10 July. And then it goes through a 30 day federal
11 comment period, as well, where individuals outside
12 of the State of Ohio may also comment on the
13 waiver. And then that'll begin the discussions
14 with the state around approval for the waiver with
15 a target implementation date of January 2018.
16 Thank you. John, did you want to take questions
17 are anything?
18 DIRECTOR McCARTHY: Thank you,
19 Seema, for that overview of the waiver. So at this
20 point we will open it up to people to come up and
21 provide us with comments.
22 On that, I will announce your name.
23 Please come up to the podium. We do have a court
24 reporter here helping us record the comments. So
25 the court reporter may ask you at times to slow

1 down if they can't get your -- if he can't type as
2 quickly as he can of the things you are saying.
3 So, if he asks you to slow down, please do so.
4 When you come up, please -- even
5 though I say your name, please state your name. If
6 you are with an organization, state your
7 organization that you're representing. If you're
8 not with an organization, totally fine, it's not a
9 problem, just state your name, and then provide us
10 with your comments.
11 So with that, the first person we
12 have on the list is -- I believe it's Margaret
13 Meyer.
14 RABBI MARGARET MEYER
15 RABBI MEYER: I'm Rabbi Margaret
16 Meyer, President of the Metropolitan Area Religious
17 Coalition of Cincinnati, otherwise known as MARCC.
18 Thank you, Director McCarthy, for
19 the time today for MARCC to give testimony on why
20 it opposes the Healthy Ohio Medicaid 1115 Waiver.
21 MARCC is an interfaith coalition of
22 17 judicatories, otherwise known as denominations
23 representing: Muslims, Jews, Protestants, Roman
24 Catholics, and Unitary Universalists in
25 Metropolitan Cincinnati.

1 We are a way that the religious
2 community works together to improve social policy
3 and in the process raise the level of civil
4 discourse.
5 MARCC supported the Medicaid
6 enrollment process when the Affordable Care Act was
7 rolled out in Ohio.
8 In 2013 MARCC advocated for the
9 Affordable Care Act Medicaid expansion in Ohio
10 among its member judicatories and gained support
11 from judicatory leaders and judicatories.
12 We sent letters to state legislators
13 supporting Medicaid expansion. We monitored
14 legislative process and worked with other
15 organizations on Medicaid expansion in Ohio.
16 In 2014 when the Affordable Care Act
17 Medicaid expansion was the method in Ohio, MARCC
18 monitored the expansion in Hamilton County and
19 worked with other organizations and local
20 advocates, recruited among its member judicatories
21 and rollers and outreach sites for the expansion.
22 MARCC successfully advocated for
23 funding from United Way, Greater Cincinnati
24 Foundation and local congregations for Medicaid
25 expansion outreach for a partnership between local

1 congregations and health access now in Cincinnati.
2 MARCC wants the State of Ohio to
3 expand not contract Medicaid coverage in Hamilton
4 County and all counties in Ohio. Where people who
5 are poor will receive access and quality health
6 care.
7 Cincinnati currently experiences a
8 poverty rate of 30%, double the national average.
9 This appalling statistic coupled with decades of
10 income disparity and the Great Recession has
11 particularly devastated people who are currently
12 receiving Medicaid or are eligible to enroll in the
13 future.
14 Plainly spoken, it means that they
15 simply cannot afford a waiver that privatizes
16 Medicaid by instituting what looks like a health
17 savings account.
18 Health saving accounts are for
19 people who make decent salaries, not for people
20 struggling to pay rent, utility bills, and feed
21 themselves and their children.
22 People who are poor are more than
23 statistics. They are residents of Ohio of Hamilton
24 County and of all the states in America.
25 Medicaid is a means to deliver to

1 them a better chance of improving on having good
2 health.
3 MARCC opposes the Healthy Ohio
4 Medicaid 1115 Waiver. It is a social injustice,
5 and acts as a barrier to improved health care for
6 poor and working poor Ohioans. Thank you.
7 DIRECTOR McCARTHY: Thank you. Next
8 we have on the list Doris Eldelmann.
9 DORIS ELDELMANN
10 DORIS ELDELMANN: Hello, my name is
11 Doris Eldelmann and I represent the Ohio Youth
12 Advisory Board which is a state-wide organization
13 of young people age 14 to 24 who have experienced
14 foster care.
15 The Ohio YAD exist to be the
16 knowledgeable state-wide voice that influences
17 policies and practices that affect all youth and
18 have or will experience out-of-home care.
19 I am here today to express the
20 position of our foster youth leaders who could not
21 be here because they're in school. Against the
22 Healthy Ohio program 1115 demonstration waiver.
23 This proposal requires certain
24 Medicaid recipients including teens transitioning
25 from foster care to adulthood to pay a monthly

1 premium of 2% of their income in order to continue
2 receiving benefits.
3 This proposal our youth believes
4 stands in direct violation of the Patient
5 Protection and Affordable Care Act which states
6 that effective January 1st, 2014, all states must
7 extend Medicaid coverage to age 26 for all youth
8 who are enrolled in Medicaid and in foster care on
9 their 18th birthday or enrolled in Medicaid when
10 they aged out of foster care if over age 18.
11 Our state's failure to fully support
12 and abide by that federal mandate has implications
13 for young people that can literally make a
14 difference between life and death from life-saving
15 medication to medical intervention.
16 As the adult facilitator for the
17 Ohio YAD, I respectfully request that foster youth
18 and alumni who are Title 4 eligible children age 18
19 and foster youth ages 18 to 26 be exempt from the
20 Healthy Ohio Waiver.
21 Thank you for this opportunity to
22 share my position on behalf of all of our state's
23 foster youth and alumni that I support.
24 DIRECTOR McCARTHY: Thank you. Next
25 we have Monica McClorn.

1 MONICA McCLORN

2 MONICA McCLORN: I'll say it. Good
3 afternoon. I'm Sister Monica McClorn and I'm here
4 representing the Nuns On The Bus who are a network
5 of Catholic sisters throughout the State of Ohio.
6 And we want to put it on record that
7 we are opposed to this waiver. I guess about two
8 and a half years ago we traveled around the state,
9 and we were speaking to people about the need to
10 put our values at the bottom of all of our
11 decisions, and that what we value should be
12 reflected in how we use resources and our political
13 decisions. And we were delighted when Medicaid was
14 expanded here in Ohio.
15 And we believe that health care is a
16 right. We don't think it's a privilege for some,
17 and therefore, we believe that it's important that
18 everyone, everyone has health care.
19 Now, we're not there yet, but we
20 think that the expansion of Medicaid or Obama Care
21 has certainly brought us closer. More people today
22 have access to health care than they did two and a
23 half years ago when we were traveling around the
24 state.
25 Now, we think that this waiver is

1 really a step backward and a step away from what we
2 would like to see. So, we do not want this passed.
3 We believe it's gonna be very
4 complicated, confusing to people, and people will
5 wind up being sicker again because they won't know
6 how to access health care. And we don't see why we
7 would do this when in fact we know there is,
8 there's sufficient funds in the health care system
9 to provide health care for everyone, and that's
10 what we're asking.
11 We're asking for universal health
12 care, and we want this program expanded not
13 decreased.
14 So, thank you, and we appreciate the
15 opportunity to share our opinion.
16 DIRECTOR McCARTHY: Thank you. Next
17 we have Robert Brown.
18 ROBERT BROWN
19 ROBERT BROWN: Thank's for the
20 opportunity to express my opinion about this. I'm
21 just a citizen who has developed an obsession with
22 public health.
23 When I hear the skin-in-the-game
24 argument, I'm particularly turned off 'cause it
25 seems absolutely fallacious to me. But I know many

1 politicians address that, and they claim it's an
2 extension of people exercising individual
3 responsibility.
4 In any case, I think imposing a
5 premium will cause many newly covered Medicaid
6 patients to lose their coverage. In addition to
7 imposing punitive sanctions for missing payments,
8 and creating an administrative burden to just
9 manage or monitor such a system.
10 In the run up to Medicaid expansion,
11 I have interviewed several citizens and discovered
12 that many of them newly covered citizens due to
13 marginal employment situations were unable to get
14 coverage. One woman, a retail sales person I
15 interviewed, for 20 years she used the emergency
16 room as her primary care system. I question
17 sometimes why they call the ACA the Affordable Care
18 Act and not the Affordable Coverage Act, 'cause
19 care has -- access to care unapproved.
20 Now, this woman because of her
21 employment situation will likely lose her coverage
22 if she has to pay a premium. The ironic thing is,
23 once you got primary care, she gave credit to the
24 Affordable Care Act for saving her life, 'cause she
25 discovered she had rheumatoid arthritis,

1 hypothyroidism and Type 2 diabetes.

2 Without a doubt, health care costs

3 in this country are absolutely out of control.

4 Whereas health care inflation has abated over the

5 last couple of years, it's poised to return with

6 its former strength.

7 Health care inequity imposes

8 significant cost due to untimely and typically more

9 costly treatment productivity losses and costs due

10 to premature deaths. I'm persuaded we need to

11 attack this problem by distinguishing between

12 robust primary care and acute care.

13 Our primary care system in this

14 country is dysfunctional and chaotic. Our sickness

15 model, the fix me I'm broke model simply doesn't

16 work and creates again health care inequities,

17 access inequities, and does not contribute to

18 health care literacy among the patient population.

19 By promoting a wellness model built

20 on team based treatment, integrated mental and

21 dental health, attention to social determinants of

22 health and shared responsibility, primary care

23 becomes sustainable, affordable and cost effective

24 without imposing burdensome shared costs.

25 In addition, its focus on health as

1 a community value, it potentially relieves the
2 pressure on the acute care system which arguably
3 contributes more than its fair share to our out of
4 control health care costs.
5 Well, what's wrong with the acute
6 care system, you ask? Well, for one thing,
7 hospitals pretty much don't know what anything
8 costs. What they know is what they get reimbursed
9 for. And are these reimbursement rates based on
10 quality of outcomes or quality of care? No.
11 Back on a personal level, back in
12 2008, I elected to have a triple A fixed. I had a
13 abdominal aortic aneurysm, but I unfortunately got
14 an infection. So that single procedure wharf in
15 nine procedures over three months with two
16 life-threatening events.
17 Now, I developed a relentless
18 infection that five hours before a scheduled
19 procedure the pseudoaneurysm bursts. A month later
20 I was home alone and I blew up again.
21 Now, I read -- I reviewed the
22 detailed bill at the end of the summer and it came
23 to a whopping $460,000.00. I signed up for a
24 $40,000.00 procedure and my bill was over 10 times
25 that. I, as well, looked at the claims and the

1 payments. My insurance company only paid 56% of
2 that. So what did this cost? As a retail payer I
3 would've been responsible for the entire thing. I
4 felt as if somebody had put me in a little red
5 wagon and pushed it over the crest of the hill. I
6 got no steering, I got no suspension, I got no
7 brakes, I'm just along for the ride now.
8 Now, in summary, we don't need the
9 skin in the game, what we need is a totally
10 revamped, robust primary care system that delivers
11 the kind of education and support to create health
12 literacy, and we need to expand access to primary
13 care. We need to bill better patients and we need
14 to give primary care providers the ability to
15 actually do their jobs. Thank you very much.
16 KAREN BELL
17 DIRECTOR McCARTHY: Thank you. Next
18 we have Karen Bell.
19 KAREN BELL: My name is Karen Bell.
20 I am a mother. I am a retired nurse. I am a
21 community advocate. I work with several advocacy
22 organizations, probably, actually work most of 'em
23 -- health care advocacy organizations around
24 Hamilton County.
25 I'm here to say that having been a

1 recipient of Medicaid, I know that Medicaid works
2 for people who don't have income. Mothers
3 struggling to feed her kids, having to sit at CAA
4 and to make sure that her gas and electric is not
5 turned off, and should she have a water bill, same
6 place for that, as well. Does not have what you're
7 asking to cover this, because she's trying to make
8 sure that her food stamps last till the end of the
9 month to feed her children. And what is a $1.50,
10 $2.00 seems nominal to the average person that
11 makes $30,000, $40,000, $50,000 a year, it doesn't
12 work in that particular setting.
13 I'm opposed to this because I also
14 know that a lot of this is just frickin political
15 rhetoric because people are seriously opposed to
16 President Obama and the fact that he got this bill
17 passed. It's time for people to grow up and move
18 on.
19 I'm also opposed to this because I
20 know the amount of people that are gonna kicked off
21 of this, and that's probably a part of your one
22 billion dollar saving that I saw on your little
23 slide. And I have heard politicians makes jokes
24 about the fact that Medicaid would be better off
25 once they're gone because it won't cost them so

1 much. Well, considering the fact that the
2 government, federal government is paying 90% of the
3 expanded Medicaid population's freight. And I was
4 told, personally, by a close member of Governor
5 Kasich's operation that Ohio ain't broke. Then why
6 are we imposing a burden on the least of these?
7 Because we have these people -- our -- propose
8 their religious, you know, I'm a Christian, I'm a
9 this, I'm a that or the other, and the Bible tells
10 you "The leased of these you shall have with you
11 always and you are responsible for them." How do
12 you stand and say this and then turn around and do
13 some stuff like this?
14 The Administrative cost when ya'll
15 changed to the snack program was crazy. You know,
16 the turnaround is crazy. People lose their cards
17 on a regular basis. So I really would love to know
18 what the cost of that is because you're moving into
19 that same thing.
20 For a political party that does not
21 want big government, you're creating another layer
22 because you got to hire a whole bunch of people to
23 administrate this mess, and it's gonna be a mess.
24 But the ultimate mess is gonna end in the laps of
25 people who followed behind me in my profession as a

1 nurse, because they're gonna have to sit at the
2 bedsides of people who are sick, who have fallen
3 into that diabetic comma, who have had that stroke,
4 because they did not have the opportunity because
5 of political madness.
6 No, I am terribly opposed to the
7 Healthy Ohio Waiver 'cause it's not healthy for
8 Ohio.
9 DIRECTOR McCARTHY: Thank you. Next
10 we have Judith Warren.
11 JUDITH WARREN
12 JUDITH WARREN: Thank you for coming
13 down this afternoon, Director McCarthy and Mr.
14 Tassie.
15 I oppose the proposed waiver because
16 it will disrupt coverage and increase costs for
17 Ohioans who have marginal incomes with insufficient
18 disposable income resources to abhor (sic) out of
19 pocket health insurance premium in compliance with
20 other requirements.
21 Health Care Access Now is a
22 non-profit organization that provides community
23 care coordination services in: Hamilton, Butler,
24 Clermont and Warren Counties. We are a certified
25 pathway community hub that deploys certified

1 community health workers who work with pregnant
2 women and non-pregnant adults that are at risk or
3 living with diabetes. The majority of our clients
4 are enrolled in Medicaid or dual eligibles. We
5 contract before the five Medicaid managed care
6 plans for our pregnancy care coordination program,
7 and we serve close to 1500 individuals each year
8 and partner with the Cincinnati Health Department,
9 local social service agencies, health system and
10 medical practices.
11 One of the benefits of our care
12 coordination services is a comprehensive client
13 assessment that goes beyond the clinical and
14 medical patient profile. The distinction of our
15 services is to address the health related social
16 needs of clients, such as housing, healthy food
17 sufficiency, transportation and existing barriers
18 to Medicaid providers and access to behavioral
19 health services.
20 The number 1 most frequently cited
21 need or concern from our clients is finances, and
22 that's the disposable income to insure that rent is
23 paid and that they have enough food to last the
24 entire month or pay for diabetes test strips that
25 are not covered by Medicaid in order to monitor

1 their glucose blood levels.

2 This proposed waiver will place a

3 greater financial burden, unnecessary stress, and

4 further delays in seeking care. The proposed

5 provisions would create the following changes for

6 over one million of Ohio's Medicaid population.

7 They would charge enrollees unaffordable premiums,

8 premiums have lead to a declining enrollment in

9 other states. For example, in Oregon enrollees

10 dropped by 77% after premiums were instituted.

11 Medicaid enrollees have had their coverage

12 terminated for non-payment of premium, even though

13 there seems to be some wiggle room in that, they're

14 still terminated. And once people are off, they're

15 not gonna keep bouncing back and forth to get back

16 on or off again.

17 The private market coverage, there

18 seems to be a provision in this waiver with the

19 hired co-pays, the deductibles that are now present

20 with private health insurance plans are not gonna

21 be affordable for people who are making minimum to

22 low wages.

23 Instituting health saving accounts

24 and debit cards which will costly to administer, as

25 Ms. Bell wisely pointed out, and making more

1 complex for people to use Medicaid.

2 Arkansas recently eliminated the

3 imposition of health saving accounts and cost

4 sharing requirements on participants below a 100%

5 of the federal poverty level due to high

6 administrative costs.

7 The waiver proposes annual and

8 lifetime caps which were ended as a result of the

9 Affordable Care Act. Medicaid recipients should

10 not be subject to caps which are now illegal.

11 These changes would potentially

12 override the benefit of expanded medical coverage.

13 If now Ohioans will be expected to comply with

14 additional regulations and cost-prohibitive

15 requirements.

16 Instead of adding more regulatory

17 burden, we need policies that address the gaps in

18 affordable and safe housing, equity and education

19 and employment.

20 I also encourage the Governor's

21 office to evaluate the impact that this legislation

22 on minority and ethnic populations which can

23 experience further gaps and access to care and

24 drain on their resources.

25 I urge the Ohio legislators and the

1 Governor's office to consider more progressive
2 approaches to personal responsibility than provide
3 for the opportunity for livable wage that can move
4 Ohioans off of Medicaid in the long term instead of
5 policies that will only result in a greater burden
6 to public resources and assistance programs. Thank
7 you for your time.
8 DIRECTOR McCARTHY: Thank you. Next
9 we have Charles Woods.
10 CHARLES WOOD
11 CHARLES WOOD: Good afternoon. My
12 name is Charles Wood. I'm the outreach and
13 enrollment coordinator for The Health Care
14 Connection, a federal qualified health center. I'm
15 here to speak in opposition to the Healthy Ohio
16 Waiver Application.
17 We have three medical locations in
18 Hamilton County. We serve the communities of Mt.
19 Healthy, Lincoln Heights and Forest Park. We have
20 been in business for close to 50 years and serve a
21 very diverse population with a high percentage of
22 Hispanics and Africans. Because of their status
23 they frequently move and so often miss their mail.
24 It is very common for families to
25 come in for treatment and find out that they have

1 been terminated due to not responding to a renewal
2 or verification request from the county Jobs &
3 Family Service's office.
4 Researching terminations and how to
5 reinstate recipients currently occupies
6 approximately 25% of my staff's time. The
7 potential for disenrollment due to non-payment of a
8 fee will only add another barrier to patients
9 seeking service and will again force individuals to
10 the Emergency Department.
11 The Medicaid expansion has
12 benefitted a large number of Ohioans. We have seen
13 uninsured rolls greatly reduced, but still have a
14 large number of individuals receiving managed care
15 who are not accessing the system. Long term good
16 health relies on consistent preventive health care.
17 So potential illnesses and chronic conditions can
18 be caught and treated before the long term and
19 life-shortening damage.
20 Educating patients to make wise
21 decisions regarding their health takes time and
22 consistent communication. Many patients are in the
23 game by the skin of their teeth. It does not take
24 much for them to lose their grip. We ask that you
25 reconsider this application. Thank you.

1 DIRECTOR McCARTHY: Thank you. Next
2 we have Prencis Wilson. Sorry if I got your name
3 wrong.
4 PRENCIS WILSON
5 PRENCIS WILSON: Hi, name is Prencis
6 Wilson and I served as a member of the City of
7 Cincinnati Primary Care Board. I am Vice President
8 of the Madisonville Community Council and I'm here
9 speaking on behalf -- as a regular citizen.
10 One of the things that I would like
11 to say, I'm opposed to the Healthy Ohio because
12 most of the individuals that are on Medicaid they
13 cannot afford the fees. And when I saw that they
14 were gonna be charged fees, then I was thinking,
15 they don't get enough income to pay out anymore
16 fees, as a matter of fact, they need more help than
17 what they're getting, and it's just gonna cause
18 more people to become ill.
19 And we know here in the United
20 States we have so many diseases, they don't even
21 have names for them. And those diseases and
22 illnesses will spread among the rest of the
23 population.
24 So, I just feel that we are causes
25 extra burdens on the, uh -- that people that are

1 less fortunate than some of us are.

2 You know I've heard today that the

3 poverty rate is 30%. Well, just last week I heard

4 it's 34%. And if you add another fee to their

5 already non-existent incomes, then this is gonna

6 cause more poverty. We're never gonna get rid of

7 poverty when we're busy on this side doing things

8 to cause more and more poverty. So I think we need

9 to really consider what is happening with these

10 people.

11 You know and I'm out there almost

12 every day working in the community and I notice

13 that there are so many people that don't have a

14 clue what goes on with low-income people. It is

15 really, really sad. And I think we all need to

16 really stop and think about this, and stop putting

17 all these burdens on them more and more and more,

18 because, you know, since I do believe in God. I

19 believe that one day we're all gonna have to pay

20 for it if we don't stop it.

21 But I also -- I also agree with

22 someone else that said earlier, I think the waiver

23 is a step backwards. You know we got something

24 that's sort of working and there are a lot of

25 people that are going to health centers, there are

1 a lot of people that are going to doctors and they
2 are getting treated, but in the mean time if they
3 have to pay a fee, that's gonna like put a
4 screeching halt to some of those people going to
5 see the doctor.
6 And, you know, they're gonna be over
7 at University or one of these hospitals charge, you
8 know where they charge $700.00 for an emergency
9 visit, that's what's gonna happen. And I can't see
10 that having to pay $700.00 just because you want to
11 charge them a $95.00 fee or whatever; that that's
12 gonna really solve the problem.
13 So I -- As a matter of fact, I'd
14 like to say, please expand the Medicaid for all of
15 Ohioans, not add the extra cost for individuals
16 that need it the most, and I thank you.
17 DIRECTOR McCARTHY: Thank you. Next
18 we have Renee Harris.
19 UNIDENTIFIED PERSON: She had to
20 leave to go to a family emergency.
21 DIRECTOR McCARTHY: Okay. Next we
22 have Mike Baird.
23 MIKE BAIRD
24 MIKE BAIRD: Director McCarthy,
25 Assistant Director Tassie, thank you for your time,

1 thank's to all of you coming out for this very
2 important subject.
3 My name is Mike Baird, I'm the CEO
4 of Human Arc. I thought of the company 32 years
5 ago and we've been working for hospitals and health
6 labs helping connect their low income, disabled and
7 senior populations to governmental programs and
8 community programs.
9 We're Cleveland based, profit, for
10 profit company. It is 550 employees mostly based
11 here in Ohio that have helped well over one million
12 people apply for Medicaid across the country and
13 helped another million apply and receive community
14 benefits of some sort across the country. So, from
15 that perspective, we believe our long history of
16 working with the low-income population gives us
17 some credibility in this discussion.
18 We understand the desire for
19 personal responsibility. We understand that
20 preparing individuals for commercial insurance. We
21 understand that awarding value for healthy living.
22 All of those are commendable and worthy goals, but
23 as written, the waiver creates gaps in coverage and
24 wreaks havoc on health care providers while working
25 hard to provide value-based care.

1 In particular, our concern lies with
2 the proposed application process for healthy
3 Ohioans, does not allow for 90 day retroactive
4 coverage, eliminates fee for service payments, and
5 only allows for eligibility benefits once the
6 following have occurred. Application and
7 verifications have been submitted. County and
8 State declares that they are eligible. They are
9 enrolled in the Medicaid health plan. The health
10 savings account, a Buckeye account is set up, and
11 that person makes that first month premium payment.
12 As written a person who may be
13 eligible in the first month of application or at a
14 prior period, they may be eligible and that month
15 of application or prior period might wait a month,
16 two months, six months, 12 months to receive any
17 benefits from the Medicaid program. Much of that
18 time could be the county or state processing the
19 case, setting it up, setting up the case, setting
20 up a health saving account or enrolling the person
21 into the Medicaid health plan. None of which is in
22 control of the individual or the medical provider.
23 Thus for that period of time, be it two months or
24 maybe in the case of an administrative hearing for
25 an incorrect decision, could be 12 plus months. If

1 that individual has to navigate the, uh -- is not
2 insured going through life wait emergency rooms for
3 health care coverage.
4 The Medicaid retroactive fee for
5 service process in 2015 generated over 350,000
6 medical claim payments for providers valued at
7 about $500,000,000.00 state wide. For this same
8 group, in 2018 that would be zero based on that
9 application process.
10 Medical providers will have to make
11 decisions on whether or not the care of these
12 individuals causing care excess issues, or if they
13 do care for them causing uncompensated care issues
14 or administrative burden of trying to collect from
15 the individual who is already low income.
16 It's an additional unseen impact and
17 that's the loss of infrastructure that supports
18 about 500,000 people, over 500,000 people being
19 screened for Medicaid each year. Those that are
20 eligible are then supported through the process,
21 submitting applications and verifications to county
22 departments and helping people with problems with
23 transportation and other issues to work through the
24 Medicaid application process.
25 This is done through in-house

1 hospital teams. Mercy out here for example has
2 well over 50 people working on that and vendors
3 like Human Arc will no longer be able to support
4 that application process for individuals because
5 there's not retroactive coverage.
6 What would the motivation be for
7 helping the patient to pursue Medicaid application
8 if there is no retroactive coverage of a medical
9 bill.
10 We expect the low-income populations
11 will be redirected to counties which will create
12 substantially more work through county staff and
13 further slow down the application process.
14 So, in closing, the elimination of
15 retroactive medical coverage, fee for service of
16 Medicaid payments will cause substantial coverage
17 gaps, will hurt provider networks, will
18 substantially reduce the support infrastructure
19 that helps individuals through the Medicaid
20 process. Hospitals will be trapped because they
21 will have to accept the uninsured individuals in
22 their emergency room, yet will be unable to help
23 them get medical coverage to cover the cost. More
24 will fall off the Medicaid rolls because of premium
25 payments, and will present themselves as uninsured

1 through the emergency rooms.

2 So, we propose, Director McCarthy,

3 that the language relative to the application

4 process to allow for 90 day retroactive coverage,

5 and Medicaid fee for service payments, for those

6 that are retroactively approved. Is that something

7 that can be done without violating House Bill 64?

8 You can't answer questions. If you don't -- if

9 that's not something that's possible, we would like

10 to see CMS deny this waiver. It creates

11 substantial coverage gaps which is a criteria. It

12 will hurt provider networks which is a criteria.

13 It will substantial reduce the support networks

14 provided by hospitals for the low-income

15 population.

16 So, appreciate your time. We will

17 be submitting detailed comments in addition to this

18 testimony. We would like to -- We would like this

19 testimony submitted as part of the record for

20 consideration by the Ohio Department of Medicaid

21 and Center for Medicaid and Medicare services.

22 Thank you for your time.

23 DIRECTOR McCARTHY: Thank you. Next

24 we have Donald Washington.

25 DONALD WASHINGTON

1 DONALD WASHINGTON: Good afternoon.
2 I am Donald Washington, the Southwest Advocacy
3 Coordinator for UHCAN of Ohio. Thank you for this
4 opportunity to provide my concerns for a matter
5 that would devastate the most vulnerable people in
6 our community.
7 UHCAN Ohio is a state wide consumer
8 health advocacy organization and the Consumer
9 Board's on health policy for the State of Ohio.
10 We believe this waiver is not
11 healthy for Ohioans. I have spent the last 20
12 years both professionally and as a volunteer
13 providing for and assisting people that are
14 challenged on a daily basis towards achieving a
15 life of somewhat self-sufficiency. The only area
16 that I could not be of help was the area of
17 improving their health situations and their health
18 outcomes. Why, because they did not have health
19 insurance. What good is it for an individual to
20 have managed to achieve a life of self-sufficiency
21 only to have -- to now have to face health problems
22 that could lead to a life that prevents all of
23 their accomplishments from ever being met.
24 We oppose the proposed Healthy Ohio
25 1115 Medicaid Waiver because it requires the

1 statute health savings accounts referred to in Ohio
2 as Obama -- I'm sorry, Buckeye accounts for many
3 that do not have income or are working with an
4 income that does not satisfy basic living
5 conditions in their homes.
6 When the Patient Protection and
7 Affordable Care Act now called the Affordable Care
8 Act was signed into law on March 23rd, 2010. It
9 was designed to allow over 55,000,000 people to
10 have health insurance for the first time. It has
11 been referred to as Obama Care, to change the
12 direction of what the law was designed to
13 accomplish. Consequently, we have all -- we have
14 all of these repealed efforts and recommended
15 mandates that place the uninsured back where they
16 started prior to it becoming law.
17 In Ohio 640,000 more Ohioans now
18 have coverage as a result of Medicaid expansion.
19 And more than 2.9 million Ohioans are enrolled in
20 Medicaid.
21 If this waiver is accepted, it is
22 predicted about 130,000 people may drop out of
23 Ohio's Medicaid program rather than pay part of it.
24 This will leave people to go back to their primary
25 health care provider. That would be the emergency

1 departments of our hospitals. They will go back
2 only after waiting months and probably years to
3 address an illness that could have been avoided if
4 they had been allowed to keep their insurance.
5 UHCAN Ohio has provided and will
6 continue to provide tools for the community to
7 improve their health literacy and become more in
8 charge of their health and their health outcomes.
9 But in order for that to occur, people will need to
10 maintain their health insurance.
11 Finally, the goal of the Affordable
12 Care Act and Ohio's Medicaid program is to cover
13 Ohio's low-income families and to improve their
14 health. This proposal will not allow for that to
15 happen and would devastate Ohio families. This
16 waiver is not healthy for Ohioans. We strongly
17 oppose the Healthy Ohio Medicaid 1115 Waiver.
18 Thank you.
19 DIRECTOR McCARTHY: Thank you. Next
20 we have Regina Campbell.
21 REGINA CAMPBELL
22 REGINA CAMPBELL: Thank you,
23 Director McCarthy and Mr. Tassie for being here
24 this afternoon. My name is Regina Campbell and I'm
25 an attorney at the Legal Aid Society of Greater

1 Cincinnati.

2 On behalf of the advocates I work

3 with and the low-income people we represent, I'm

4 here to testify against the Healthy Ohio Waiver.

5 I, along with other low-income

6 advocates from around the state will submit formal

7 comprehensive comments to the state. I will just

8 address a few of our concerns this afternoon.

9 In order for Ohio to create and

10 implement Healthy Ohio, it plans to request waivers

11 of fluent Medicaid requirements. In order for CMS

12 to grant the requested waivers, the requests must

13 be for experimental pilot or demonstration projects

14 to assist in promoting the objectives of the

15 Medicaid Act. We strongly believe that the

16 proposed 1115 waiver does not meet these legal

17 requirements.

18 Medicaid is uniquely designed to

19 meet the needs of low-income individuals who have

20 disproportionate medical needs and health

21 challenges. It was created to provide medical

22 assistants to covered individuals whose income and

23 resources are insufficient to meet the costs of

24 necessary medical services and provide

25 rehabilitation and other services to help such

1 families and individuals attain or retain capacity
2 for independent or self care.
3 Medicaid is designed to enhance not
4 limit access to health care. Ohio's proposal which
5 forecasts a significant decrease in enrollment and
6 locks all members out of coverage regardless of
7 income level for failure to pay premiums defeats
8 the objectives of the Medicaid program by creating
9 unnecessary barriers to enrollment and access to
10 care.
11 The proposed changes will not just
12 affect the adults who got Medicaid under the
13 expansion. This waiver will impose premiums on
14 many more people who would receive what many see as
15 the traditional Medicaid coverage. It will impose
16 premiums on low-income parents, children aging out
17 of foster care, women in the breasts and cervical
18 cancer program, and some who receive home and
19 community based waivers. It will impose monthly
20 premiums on adults with any income regardless of
21 how low that income is. And if an individual does
22 not pay those premiums, she will be disenrolled
23 from Medicaid and not allowed back on until all
24 updating premiums are paid in full.
25 I'll echo the excellent point that

1 Mr. Baird made. I won't repeat those, but we feel
2 very strongly that they're retroactive --
3 elimination of the retroactive coverage is not
4 something that's legally allowed for Ohio to do.
5 I would also say that this proposal
6 will also affect the application process for
7 pregnant women. Although pregnant women will not
8 be forced to pay a premium. The waiver would
9 change the date their medication -- Excuse me.
10 Their Medicaid application would be approved.
11 Instead of being approved as of the
12 first day of the month of application, under
13 Healthy Ohio pregnant women would become eligible
14 for coverage effective the first day of the month
15 in which their eligibility is determined. That
16 means a pregnant woman will not be covered until
17 her county JFS processes her application.
18 I work with overloaded, under-funded
19 delayed county JFS offices every day. We know they
20 work hard, but almost every single one that we work
21 with is processing applications well beyond 30 days
22 at this point. And on a regular basis we see
23 pregnant women delaying care because their Medicaid
24 application is delayed.
25 Right now any bills that they incur

1 during the application process would be covered,
2 and yet they still delay care because they don't
3 understand that and they fear racking up bills that
4 they cannot afford. So we already see pregnant
5 women delaying care. This would simply increase
6 under Healthy Ohio.
7 This is not the way to create
8 healthier pregnancies and certainly not the way to
9 address the infant mortality program that we all so
10 desperately want to take care of in Ohio.
11 Imposing these premiums on Ohio's
12 lowest income and most vulnerable citizens makes
13 their ability to maintain the most basic standard
14 of living even more tenuous.
15 A person living at 50% of the
16 federal poverty rate or $495.00 in gross monthly
17 income will have to pay $8.25 a month if he wants
18 Medicaid. If he's lucky enough to live in
19 subsidized housing, he will pay about $150.00 for
20 rent and utilities. Otherwise market rent is gonna
21 take up the remainder of his income. If this
22 person has children, there will be childcare
23 premiums or school costs, as well as higher food
24 and transportation costs. Even if this person gets
25 Food Stamps or Food assistance to help supplement

1 their food costs, this will not pay off for all of
2 their food or cover necessary items like clothing,
3 toothpaste or diapers.
4 Ohio will now be asking a new group
5 of people to decide between paying for their health
6 care and paying for food and other necessities.
7 In addition, there's no discussion
8 in the waiver as to how people will actually pay
9 these premiums and how the physical act of having
10 to pay these premiums will impose extra burdens on
11 low-income households.
12 Those lucky enough to have a bank
13 account who can set up an electronic fund transfer
14 can easily pay their premium and get extra
15 incentives from the state. But many low-income
16 people do not have or do not access traditional
17 bank accounts.
18 Do they travel to their county JFS
19 to make a payment or do they have to go to their
20 managed care plan to make a payment?
21 In the city of Cincinnati, it will
22 cost an adult a minimum of $3.50 to make a in-zone
23 round trip -- round trip on Metro. Add that 3.50
24 onto the $8.25 premium and the person living at 50%
25 FDL is now paying $11.75 a month or 2% -- Excuse

1 me, 2.4% of her monthly income for Medicaid.
2 Reliable mass transportation is
3 unavailable to most outside of major Metro areas.
4 We're lucky here in Cincinnati that someone
5 actually could get on the Metro bus and pay 3.50.
6 For those in more rural parts of
7 Ohio without access to public transportation, the
8 options to pay these premiums are even more
9 limited.
10 If these -- If our Medicaid
11 recipients must mail their payment in, they will
12 have to pay for a money order. Often times after
13 they pay an ATM fee to withdraw the money from
14 their account or an even higher fee if they have a
15 pre-paid debit card that their employer mandates
16 that they use.
17 These hidden fees mean that many
18 people will pay much more than the 2% of their
19 income for Medicaid and will be unable to afford
20 coverage.
21 We feel very strongly that Healthy
22 Ohio, as so many people have said, is not healthy
23 for Ohio, and we will ask DMS to deny the approval.
24 Thank you.
25 DIRECTOR McCARTHY: Thank's. Next

1 we have Brenda Eakin.

2 BRENDA EAKIN

3 BRENDA EAKIN: Good afternoon. My
4 name is Brenda Eakin. I'm a certified application
5 counselor with UHCAN Ohio, and I have enrolled
6 numerous citizens in Medicaid in this state. I
7 have seen joy and relief. I have seen the joy and
8 relief that it brings to people with no income or a
9 limited income and no health insurance. A young
10 father with a wife and two children is studying to
11 be a minister and making barely enough to pay his
12 rent. They could not see a doctor and hope their
13 children would not get sick because it would be
14 cataclysmic for them financially. But Medicaid
15 relieved their fear and allowed them to get the
16 necessary preventive screenings.

17 A young man who's been out of work
18 for 15 months and needs to see his doctor can't
19 because he can't afford to pay out of pocket and
20 Medicaid helped him, Medicaid solved his problems.

21 I am against Healthy Ohio 1115
22 Medicaid Waiver because it will disrupt coverage
23 for millions of Ohioans. How do you expect people
24 with no income to make a payment every month into a
25 health savings account? Borrow from Peter to pay

1 the Paul. That gets tired after a while. And then
2 to add insult to injury, they will be terminated if
3 they miss payments after 60 days.
4 My fear is charging premiums will
5 cause a decline in enrollment, like it did in --
6 for example. Enrollment dropped 77% after premiums
7 were imposed. Indiana and Arkansas have similar
8 systems, have similar systems, a health savings
9 account, but they don't require payment from people
10 who are under 100% the poverty level.
11 Adding premiums, punishing those who
12 fail to pay their Medicaid defeats what expanded
13 Medicaid is all about. The goal of Ohio's Medicaid
14 program is to cover Ohio's low-income families and
15 improve their health. This waiver is not healthy
16 for Ohio families. Thank you.
17 DIRECTOR McCARTHY: Thank you. Next
18 we have Dr. Michael Marcotte.
19 DR. MICHAEL P. MARCOTTE
20 DR. MARCOTTE: Good afternoon,
21 Director McCarthy. Thank you for hearing from us
22 today.
23 I'm hear representing Tri-Health
24 Womens Services and also the Ohio Perinatal Quality
25 Collaborative and Cradle Cincinnati, both efforts

1 to try to impact infant mortality in Ohio; I
2 believe you're familiar with them.
3 I think that many of those who have
4 spoken today highlighted some of the consequences
5 of this program, if it was to be put in place here
6 in Ohio. And what I'd like to do, is to highlight
7 a few of the things that've happened since expanded
8 Medicaid has been put in place.
9 Recently with efforts that we've
10 done collaboratively with Ohio Medicaid, we've been
11 able to show that for the first time in many, many
12 years the risk of delivering a baby premature,
13 especially very premature babies has gone down in
14 Ohio. That is mainly related to our efforts, to
15 work with women who have coverage by Medicaid when
16 they enter pregnancy and work with preventative
17 services throughout Ohio in many of our large
18 medical organizations to provide care.
19 I am very concerned that if Healthy
20 Ohio is put in place, those women will not have
21 Medicaid coverage when they enter pregnancy, and
22 will enter pregnancy care late, beyond the time in
23 which can provide them with preventative services.
24 The Ohio Perinatal Quality
25 Collaborative is going to jointly with your office

1 submit a paper to the Journal of the American
2 Medical Association showing that in 2015 we were
3 able to reduce 25% the risk of an African-American
4 woman delivering a baby before 32 weeks in the
5 entire state of Ohio. This is a remarkable
6 achievement that is only made possible because of
7 expanded Medicaid.
8 The program as outlined will
9 actually deter the affects that we've been able to
10 have on reducing premature birth. Premature birth
11 is the leading cause of infant mortality in the
12 United States and especially in Ohio. We need
13 preventative care before, during, and after
14 pregnancy for our most vulnerable population of
15 low-income women.
16 In addition, with this change we
17 would lose the ability to provide inter-pregnancy
18 care for women who have chronic medical problems
19 like diabetes and hypertension. Many of those
20 women would no longer be able to access
21 preventative and treatment care outside of
22 pregnancy and would enter pregnancy in a less
23 healthy state putting them at much more risk of
24 having complications during pregnancy.
25 Lastly, the ability to provide women

1 with a choice to delay pregnancy which is one of
2 the effective interventions to spread out spacing
3 by using long acting contraception would be
4 decreased if a woman did not have Medicaid coverage
5 if she could not afford private insurance.
6 So, for many of these, all of these
7 reasons, I would strongly discourage the state from
8 applying for a waiver, and know that these
9 organizations that I represent will be sharing all
10 of our concerns with you, the State Legislature,
11 Governor Kasich, and CMS if this waiver does get
12 applied for. Thank you.
13 DIRECTOR McCARTHY: Thank you. Next
14 we have Reverend Damon Lynch. Looks like he left.
15 Next we have Don Nguygen.
16 DR. DONALD H. NGUYGEN, M.D.
17 DON NGUYGEN: Close enough. Thank
18 you for allowing me to speak today. I'm Dr.
19 Nguygen, Don Nguygen, I'm a private practice
20 practitioner in Dayton, and I apologize for the
21 outfit because I came straight from surgery.
22 To quote a five-year old patient of
23 mine, drinking water would like to describe very
24 bad for the brain. Well, to make it waiver 1115 is
25 really, really bad for Ohio. It's not just more

1 skin in the game; you hear that all the time, but
2 this is skin, flesh, bone, and much, much more.
3 The un-Healthy Ohio Plan calls for
4 monthly premiums, additional co-pays, all of the
5 wonderful things that you heard about today, but
6 therefore already down and out hard working
7 Medicaid patients and they require the multi-layer
8 bureaucracy, this elaborate debit card swiping and
9 tracking which is ridiculous in my book. It's
10 complicated and it's going to be much, much costly.
11 It is a prescription for disaster for up to a
12 130,000 Ohioans estimated to be kicked out if
13 they're not accessed to care. At a time when
14 doctors and health care providers, health care
15 systems are trying to achieve the Triple AAA bad
16 outcome of a more affordable and higher quality
17 care, this plan will do the opposite.
18 We hear about the death rate of
19 infant mortality in the southwestern, Ohio. We
20 are, what, 48, 49, 50th, and if we have this
21 waiver, we will be off the chart but even worse.
22 Can you go worse than 50? We can if we apply this.
23 So, it's an experiment doomed to
24 failure. We already saw that when Oregon tried a
25 premium program, 80,000 patients dropped off

1 instantaneously. The same thing happened in
2 Wisconsin, my -- did.
3 When Arkansas tried to so-called
4 skin in the game plan, as you called it, it was so
5 costly that it abandoned it. When Virginia tried
6 the same thing, they found out that they spent
7 $1.39 for every dollar premium collected. It's
8 crazy. And then 4,000 children were going to be
9 dropped out, and so the program now is dead.
10 So, when you compare to the Indiana
11 plan which is always said the program that they
12 talked about, this program is much more -- because
13 like I heard today is that it applies to very, very
14 low percentage of the federal poverty level. And
15 then when you drop them off, you have to re-enroll,
16 but if you cannot re-enroll, then you're off,
17 you're on the street. So where you gonna go,
18 emergency rooms where the efficiency and the cost
19 is so stupid to take care of patients in the
20 emergency room. And you know what happened to that
21 particular presidential candidate that mentioned
22 that, can always send always send our patients to
23 the emergency room, you know what happened in 20,
24 20, uh, whatever, 2012?
25 So, at a time when doctors are

1 beginning to address and understand this so-called
2 social determinants that affects so negatively the
3 deliberate health care system. This program will
4 take us back to the pre-Affordable Care Act time
5 period.
6 The Affordable Care Act achieve
7 expansion of care. This program, this un-Healthy
8 Ohio Program will do the opposite. Locking out
9 patients means that you're gonna have chronic care.
10 Chronic diseases are gonna be interrupted for
11 mental health. Suddenly now you're qualified and
12 what will you do, you stop go see your doctor, and
13 then what's gonna happen to your disease, it keeps
14 on going.
15 So, we talked about infant
16 mortality. It is so crucial because my patients,
17 some of their parents, they just cannot afford the
18 most basic necessities, the rent and utilities, and
19 you're asking them to spend more skin in the game,
20 more bone, more flesh. That's not very, very good.
21 So I think that as a physician, I'm
22 gonna beg you that you shelve this plan because you
23 just cannot keep kicking these Medicaid patients
24 around. And if I'm really sinister, I would say
25 that this plan is to achieve that, and all of this

1 talk about the -- presenter is no longer here, but
2 I'd like to address her. This is gobbly goop, and
3 I have a degree in math and statistics, with a
4 major in statistics, and all of these words,
5 deductible, co-pays, rollover, whatever is all a
6 facade. The deductible thing is a fake. They
7 admitted it because it's money that the state is
8 gonna pay anyways and then it's not a change of
9 hands. The co-pays are gonna be additional, and
10 you cannot allow these, ask these individuals that
11 already down and out to even pay the $5.00 or $8.00
12 or $10.00 or whatever co-pay.
13 So, this preventative care kind of a
14 business that you're talking about -- I'd like to
15 ask these people whether they able to meet, commit
16 themselves to have better health care for
17 themselves, better preventative care for you, and
18 here you're asking these people that are thinking
19 about where to buy food the next day, where they're
20 gonna get the bus pass for the next day, to buy
21 into this idea of better exercise, better food or
22 whatever. It is the craziest idea, and, well, it's
23 not that -- because if you think that you are going
24 to drop these patients because you're gonna adopt
25 this waiver or you're gonna hope that CMS will give

1 it to you, it's not so crazy because you know half
2 of the state or close to it are still not expanding
3 Medicaid because these individuals want to punish
4 these poor working people despite knowing that the
5 money is there; that the health care, you know the
6 system saves lives and saves money, saves hospital
7 systems for -- because their uncompensated care has
8 been reduced in those states who adopted Medicaid
9 expansion.
10 So, to me this is a no brainer.
11 Just stop kicking those Medicaid patients around,
12 because you are not fooling anyone. It's not --
13 You're not pulling any wool over anybody's eyes for
14 this deductible preventative care, rollover, core,
15 no-core belloni. Thank you.
16 DIRECTOR McCARTHY: Thank you. We
17 have three more people signed up. Next we have
18 Steven Gibbs. Steven's left. We have Jennifer
19 Foster. Jennifer's left. The last person we have
20 on the list is Cannon.
21 CANNON HOPEY
22 CANNON HOPEY: Good afternoon. My
23 name is Cannon Hopey and I present Action Ohio, a
24 statewide organization that is dedicated to
25 improving outcomes for current and former foster

1 youth. We bring together the voices of the youth
2 alumni and allies to create lasting change and
3 generate hope for current and former foster youth.
4 Based on access to resources, allies support and
5 alumni expertise.
6 I'm here today to express my
7 position against the Health Ohio program 1115
8 demonstration waiver. The proposal requires
9 certain Medicaid recipients including teens
10 transitioning from foster care to adulthood to pay
11 a monthly premium of 2% of their income in order to
12 continue receiving benefits.
13 This proposal stands in direct
14 violation of the Patient Protection and Affordable
15 Care Act which states that effective January 1,
16 2014, all states must extend Medicaid coverage to
17 age 26 for all youth for enroll in Medicaid and
18 foster on their 18th birthday or enroll in Medicaid
19 when they age out of foster care if over age of 18.
20 Our state fails to fully support and
21 abide by the federal mandate as implications for
22 youth people that can barely make a difference
23 between life and death.
24 As a former foster youth myself I
25 have gone through this -- I have gone through this

1 losing health care support at the age of 18.
2 Without health care for years and having to go to
3 the emergency room risking high medical bills that
4 lead, that land on one's credit over a period of
5 time, instead of having insurance to go a primary
6 care doctor.
7 This policy should not be upheld, as
8 I see this is a form of medical, medical neglect,
9 like the state stop parenting foster youth.
10 Both youth like myself come out of
11 foster care possibly with a health issue and/or was
12 not ready for the world and was still in need of
13 support from somewhere, and this is one that can
14 help -- Sorry. That can help them so that they can
15 maintain a good, get in good health and be less
16 barrier to get over trying to find their way in
17 this world.
18 That's why I am strongly against the
19 policy. And thank you for this opportunity to
20 share on this issue.
21 DIRECTOR McCARTHY: Thank you. With
22 that, that was the last person on our list. I want
23 to thank everyone from coming out, for coming out
24 today and taking time out of your busy day to
25 provide comments on the Healthy Ohio Waiver.

1 I think you saw earlier the time
2 frames that we were talking about. We are in the
3 open-comment period right now. This is our second
4 of two public meetings. We are still accepting
5 public comments by our website or you can send 'em
6 into us. We'll be gathering that information.
7 I do want to point out one piece of
8 information and that is: The law says that we have
9 to submit a waiver. So, I know a number of
10 individuals have asked us to not submit the waiver.
11 That is not something we'll be able to do, we do
12 have to submit the waiver to CMS.
13 Once the waiver is submitted to CMS,
14 they then by their process will post it on line and
15 then provide for another public-comment period. At
16 that point it'll be individuals all across the
17 country. I mean obviously they, all across country
18 could come now, but that -- individuals all across
19 the country could comment on the 1115 waiver. You
20 are free to comment again then at that point in
21 time. Afterwards then CMS will then tell us if
22 they approve, they disapprove, if they want to work
23 through different issues in the waiver.
24 So that is the process going forward
25 from this point. So, once again, thank you all for

1 coming out and spending time with us and giving us
2 some very good feedback. Thank you.
3 - - -
(At 3:30 the meeting was adjourned)
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1 C E R T I F I C A T E

2

STATE OF OHIO)
3) SS:
COUNTY OF HAMILTON)
4

5 I, Terence M. Holmes, a duly
6 qualified and commissioned notary public within and
7 for the State of Ohio, do hereby certify that at
8 the time and place stated herein, and in the
9 presence of the persons named, I recorded in
10 stenotypy and tape recorded the proceedings, and
11 that the foregoing pages constitute a true, correct
12 and complete transcript of the said proceedings.
13 IN WITNESS WHEREOF, I have hereunto
14 set my hand at Cincinnati, Ohio, this 3rd day of
15 May, 2016.
16

17 My Commission Expires: Terence M. Holmes
July 28, 2017 Notary Public - State of Ohio
18

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OHIO SENATE DEMOCRATIC CAUCUS

Director John McCarthy
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St. 5th Floor
Columbus, Ohio 43218

May 16, 2016

RE: Healthy Ohio Program 1115 Demonstration Waiver

Dear Director McCarthy,

We, the Ohio Senate Democratic Caucus, write in strong opposition to the "Healthy Ohio Program" 1115 Demonstration Waiver and to the underlying statutory language enacted through H.B. 64, the most recent state operating budget. Requiring premiums, Health Savings Account (HSA) style funding, and various administrative hoops will move the Medicaid program in the wrong direction by decreasing healthcare access while increasing financial burdens placed upon the program.

Both Ohio and the nation have seen great change in the delivery of healthcare since the passage of the Patient Protection and Affordable Care Act. In Ohio, that change has included expanding the Medicaid program to cover those in the so-called group VIII, those Ohioans earning no more than 138% of the federal poverty level. The growth and reform of the program has also come with increased legislative oversight, primarily through the passage of S.B. 206 of the 130th General Assembly which established the Joint Medicaid Oversight Committee. The creation of the committee established specific goals for the Medicaid program including cost containment, value and result in services provided, and "[improving] the physical and mental health of [M]edicaid recipients[.]"[1]

Unfortunately, this work has not succeeded in sufficiently informing members of the General Assembly of the challenges facing the covered population or how proposals like the "Healthy Ohio Program" will roll back prior progress and undermine ongoing efforts for reform. It is ironic that the first several pages of the waiver discuss the progress made to date on patient

[1] Ohio Rev. Code § 5162.70(B).

choice, comprehensive primary care, and rewarding quality over quantity, all while providing healthcare access to hundreds of thousands of Ohioans for the first time—while subsequent pages propose a program which will undermine that progress.

This comment will review: first, the burden of premiums and cost sharing and second, unrealistic and harmful administrative burdens from the plan.

We support the valuable and well-informed opposing comments already submitted on this matter and want to add our voice to theirs, particularly regarding the barriers of premium contributions and the problems with the Buckeye Accounts as an HSA-style of financing.

Burden of Premiums and Cost Sharing

Requiring premium payments through HSA contributions, including those with no income, is counter to the mission of the Medicaid program and will impede access to care. The plan requires participants to pay $99 or 2% of their income, whichever is less. Though this is a small monthly amount, there is simply no room in the average budget of an individual or family near or below the poverty line. The stress of daily living at or especially below the poverty level is exceedingly difficult. The premiums required under the waiver are callous to this reality and will "through a set of complicated, punitive and errantly applied cost-sharing policies focused on a population largely unable to meet the financial and logistical requirements of the proposal" harm the Medicaid population.[2] The budget neutrality of the plan relies upon individuals falling off Medicaid rolls and state officials recognize that approximately 130,000 individuals will lose coverage under the plan.[3] If these individuals are dropped, it could be a direct conflict with the intent of Senate Bill 206.

Styled as "Buckeye Accounts" in the proposal, the plan establishes a $1,000 state contribution along with the required individual contribution described above. While participants can use their own contributions for non-covered services such as over-the-counter medication, the state share will be used to pay for covered expenses similar to a deductible. They can also earn contributions through a point system by the Medicaid system or by a primary care provider. This is described as a means for participants to have "skin-in-the-game," but there is insufficient

[2] The Center for Community Solutions, headed by former Ohio Medicaid director John Corlett, quoted in the Dayton Daily News, "Low Income Ohioans On Medicaid May Face Premiums" Bischoff, Laura, April 26, 2016. http://www.daytondailynews.com/news/news/low-income-ohioans-on-medicaid-may-face-premiums-a/nrBcc/

[3] State officials project about 15 percent of Medicaid enrollees would lose coverage through failure or refusal to shoulder some of their health care costs, making Ohio the first state in the nation to remove people at or below 100 percent of the federal poverty level from Medicaid for failing to pay premiums. "Tens of Thousands of Ohioans could lose Medicaid coverage under fee proposal," The Columbus Dispatch Candisky, Candace, April 7, 2016. http://www.dispatch.com/content/stories/local/2016/04/07/proposed-medicaid-requirements-could-mean-650000-will-lose-health-coverage.html

evidence that onerous payment requirements or incentive points will influence behavior or health in a way that is at all worth the hardship to the program and individuals.

Health Savings Accounts generally have been shown to be problematic for lower income individuals. "These increased out-of-pocket costs are particularly burdensome for lower-income families because they have less disposable income. If a medical condition or illness goes untreated because individuals are unable to pay for appropriate care out-of-pocket, their health could decline further, forcing them to make greater use of expensive services like hospitalization in the future."[4] The structure further discourages use of care by allowing individuals to roll-over unused portions to future years. Someone highly concerned about accessing care in an emergency or for a severe condition may be incentivized to delay or ignore more routine care.

The nature of income for those within the covered population increases the likelihood of churn and periods of ineligibility. Approximately 55% of those covered by Medicaid are employed, but do not earn enough to be above the eligibility level.[5] Those with fluctuating incomes would need to seek frequent redeterminations for the payment to be accurate or risk losing coverage when income wanes and payments become difficult. Many covered by Medicaid depend on their healthcare to keep working.[6] Churn is bad for costs, bad for health, and bad for the job readiness of the Medicaid-eligible population.

The lack of details on how the incentive points will be awarded is also concerning. How will equal access to these much needed supplemental funds be guaranteed to both those who are relatively healthy and needing to engage in few new healthy behaviors, and those with many circumstances that require such intervention? Is there sufficient access throughout the state to the types of programs that will be rewarded? For providers, will there be supplemental reimbursement for the time spent determining points awards? How will the program be structured to mitigate against biases among providers?[7]

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[4] Center on Budget and Policy Priorities, "A brief overview of the major flaws with health savings accounts," April 5, 2006. http://www.cbpp.org/sites/default/files/atoms/files/hsa-overview.pdf Higher income tax filers were also more likely to report HSA activity. U.S. GAO "Health Savings Accounts: Participation Increased and Was More Common Among Individuals with Higher Incomes GAO-08-474R, April 1, 2008. http://www.gao.gov/products/GAO-08-474R

[5] Joel Potts, JMOC Testimony, October 15, 2015. http://www.jmoc.state.oh.us/Assets/documents/Potts_Presentation_Oct15_2015.pdf

[6] See for example, Cheri L. Walter *Testimony before the Senate Finance Medicaid Sub-Committee,* pg. 2 (May 2, 2013) discussing how those with mental illness suffer disproportionately when loss of medical care affects overall stability including ability to maintain or seek employment.

[7] See for example: "Could Doctor Bias Be Affecting Your Treatment?" Hayes, Ashley Jan. 13, 2016. http://www.webmd.com/news/20160113/doctor-bias-treatment And "Medscape Lifestyle Report 2016: Bias and Burnout" Peckham, Carol Starting at Slide 6, January 13, 2016. http://www.medscape.com/features/slideshow/lifestyle/2016/public/overview

Unrealistic and harmful administrative burdens

The implementation of the program and operation of the debit card/eligibility system poses additional burdens. Recent experiences in Ohio, detailed below, support the conclusion that implementing this system will be difficult and that the hardship will likely be felt by patients and front-line staffers often at the county level.

First, over the last few years, Ohio has been transitioning to a new eligibility system. Launched first for Medicaid – with the intent to expand to all benefits programs – is a critical modernization of the system. The goal of the Ohio Benefits system is to unify eligibility determination for all public assistance programs, including SNAP and TANF, allow more flexible access online, and ideally reduce hands-on time caseworkers spend on basic eligibility issues to move towards productive case management. The original goal for full implementation was by December 2015; this has been pushed back to July 2017. We are thus still operating with two systems where information must be manually transferred. In testimony to the Joint Medicaid Oversight Committee, Joel Potts of the Ohio Job and Family Services Directors Association notes that 70 to 80% of people are in both systems and 98% of the cases still need hands-on casework.[8] These delays and problems are not the fault of any one person or office and include federal, state, and local difficulties; but it is the reality into which the "Healthy Ohio Program" would add further complications.

Second, adding complications to the eligibility process will also place an additional burden on recipients. After the federally required year of no redeterminations when the process began again in early 2015, more than 200,000 individuals were removed from the Medicaid rolls, which is more than a third of those who went through the redetermination in the first quarter.[9] Some difficulties with redetermination were expected, but ultimately more than 150,000 individuals were reinstated as part of a settlement of a suit challenging the redetermination process.[10] Many of the problems were related to flaws in the computer system not allowing "passive" redeterminations wherein the state uses available records to automatically re-determine eligibility.[11] It is likely that the additional eligibility criteria related to the "Healthy Ohio Program" will further complicate eligibility determination and further burden the technology systems that support it.

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[8] Joel Potts, JMOC Testimony, October 15, 2015.
http://www.jmoc.state.oh.us/Assets/documents/Potts_Presentation_Oct15_2015.pdf
[9] "State reaches settlement with some Medicaid recipients" Columbus Dispatch, Candisky, Catherine, May 7, 2015.
http://www.dispatch.com/content/stories/local/2015/05/06/state-medical-settlement.html
[10] "More than 150,000 Ohioans to get Medicaid again after settlement" Columbus Dispatch, Candisky, Catherine, May 12, 2015. http://www.dispatch.com/content/stories/local/2015/05/12/medicaid-settlement-details.html
[11] Id.

Currently, the state is also engaged in a behavioral health redesign with any aggressive timeline for including behavioral health within managed care and for improving overall access.[12] It appears that those involved in this work are the same offices and individuals who will have a role in running the "Healthy Ohio Program." These are highly qualified and dedicated individuals, but there simply is a limit to what can be done at any one time. Both the continued overhaul of the eligibility system and the behavioral health redesign are large scale projects that can bring a concrete benefit to the Medicaid program. Their success and timing should not be jeopardized by creating further administrative burdens through authorization of the "Healthy Ohio Program."

Important work has been done and is being done to modernize and improve the Medicaid program and public assistance eligibility system. It would be unfortunate to jeopardize those efforts by adding the unwieldy and ill-conceived requirements of the "Healthy Ohio Program."

Conclusion

We urge the rejection of the "Healthy Ohio Program" 1115 Waiver. While we recognize that the language is largely proscribed in statute, it is important to highlight how this plan is misguided and will harm Ohioans and the program alike. Hopefully, as the continued benefits of healthcare access and modernization of payment and delivery systems occur, the legislature will no longer engage in imposing restrictions that reduce costs by reducing access. The Medicaid program should instead be able to focus on its core mission: providing essential health services to lower income Ohioans with programs that are high quality and cost-effective.

We include with this letter messages from our constituents objecting to the waiver. Thank you for your consideration.

Capri S. Cafaro

Capri Cafaro
32nd Senate District
Ranking Member on the Senate Medicaid Committee

Joe Schiavoni
33rd Senate District
Senate Minority Leader

Charleta B. Tavares

Charleta B. Tavares
15th Senate District
Assistant Senate Minority Leader

Edna Brown

Edna Brown
11th Senate District
Senate Minority Whip

[12] Presentation, Behavioral Health Redesign Timeline, McCarthy, John, Joint Medicaid Oversight Committee, September 17, 2015. http://www.jmoc.state.oh.us/Assets/documents/TimelineUpdate-McCarthy.pdf

Lou Gentile
30th Senate District
Assistant Senate Minority Whip

Tom Sawyer
28th Senate District

Michael J. Skindell
23rd Senate District

Sandra Williams
21st Senate District

Kenny Yuko
25th Senate District

Cecil Thomas
9th Senate District

Enc.