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STATE OF OHIO
PUBLIC MEETING

- - -

IN RE:
HEALTHY OHIO WAIVER 1115

- - -

The above public meeting was held at
the Mercy Health Home Office, 1701 Mercy Health
Place, Cincinnati, Ohio 45237, Room S144 A & B (1st
Floor), on April 26, 2016 at 2:00 p.m., before
Terence M. Holmes, Professional Court Reporter, and
Notary Public within and for the State of Ohio.

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HOLMES REPORTING & VIDEO
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DNLEEM 06/24/16 12:42

1 APPEARANCES:

2 On Behalf of the Ohio Department of
3 Medicaid:

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 John McCarthy
 Director
 and
 James G. Tassie
 Assistant Director
 Lazarus Building
 50 West Town Street, Suite 400
 Columbus, Ohio 43215

- - -

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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 Nguyen.

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 Nguyen, Don Nguyen, 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.

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(At 3:30 the meeting was adjourned)

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C E R T I F I C A T E

STATE OF OHIO)
) SS:
COUNTY OF HAMILTON)

I, Terence M. Holmes, a duly
qualified and commissioned notary public within and
for the State of Ohio, do hereby certify that at
the time and place stated herein, and in the
presence of the persons named, I recorded in
stenotypy and tape recorded the proceedings, and
that the foregoing pages constitute a true, correct
and complete transcript of the said proceedings.

IN WITNESS WHEREOF, I have hereunto
set my hand at Cincinnati, Ohio, this 3rd day of
May, 2016.



My Commission Expires:
July 28, 2017

Terence M. Holmes
Notary Public - State of Ohio