

May 22, 2018

Seema Verma, Administrator  
The Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Opposition to Arizona's Medicaid Prior Quarter Coverage Waiver Amendment

Dear Administrator Verma:

The National Consumer Voice for Quality Long-Term Care (Consumer Voice) opposes Arizona's proposal to waive the federal protection that provides up to three months of retroactive Medicaid coverage for Arizona Health Care Cost Containment System (AHCCCS) members. Under the proposal, AHCCCS would provide coverage only as far back as the first day of the month of application.

Retroactive Coverage Is Vital to Vulnerable Long-Term Care Consumers.

Health care needs can be unpredictable. No one can predict the onset of medical conditions, such as a stroke, dementia, or a fall leading to a broken hip, that often require expensive long-term care. Once a person finds herself in a nursing home or another long-term care setting, she may not be healthy enough to file a Medicaid application, or may not understand that a Medicaid application should be filed. Furthermore, the process of preparing a Medicaid application may require many weeks. Rita Morris, a family member, notes, "I completed the Medicaid application with the online form and directions. I submitted the form personally to our local office and received a follow up call three weeks later. She [My mother] moved into the nursing home in August 2007 and was approved by Medicaid retroactively in October 2007."

To protect long-term care consumers like Rita's mother in situations such as these, federal Medicaid law requires that Medicaid coverage be retroactive up to three months prior to the application month, if the applicant met Medicaid eligibility standards for the month(s) in question. This protection ensures that residents are not saddled with uncovered medical bills just because they received care close to the end of a month, and/or they were not able, due to medical condition or otherwise, to promptly file a Medicaid application.

## The Proposed Waiver Would Fail to Promote the Medicaid Program's Objectives.

Under federal law, Medicaid demonstration waivers are allowed only if they are “likely to assist in promoting the objectives” of the Medicaid program. This proposal fails to meet this standard. The application does not identify a specific proposition to be tested. The application could be read to imply that AHCCCS intends to test whether elimination of retroactive coverage would encourage Arizonans to maintain coverage and apply for Medicaid as soon as they are eligible, but such a test would be contrary to the Medicaid program's objective to protect low-income long-term care consumers who otherwise cannot afford needed health care.

In addition, as discussed above, even if a consumer is able to start preparing an application for Medicaid as soon as they are eligible, the process may take weeks or months. Waivers should be used to improve coverage, not to leave Medicaid-eligible consumers without coverage when they have health care needs, especially when those needs are unpredictable and necessary.

Crucially, retroactive coverage only applies in months *when the consumer cannot afford to pay for health care or commercial health insurance*. By the time a consumer files for Medicaid, they will already have spent their available resources, often tens of thousands of dollars, towards the cost of their care. The only “benefit” to the state of this proposal is a reduction in Medicaid expenditures, but that reduction is accomplished by denying health care coverage to vulnerable long-term care consumers who desperately need it.

### Conclusion.

Thank you for considering these comments. Consumer Voice urges CMS to reject this amendment — it would harm the vulnerable long-term care consumers that the Medicaid program should be protecting.

Sincerely,

A handwritten signature in cursive script that reads "Lori Smetanka".

Lori Smetanka, J.D.  
Executive Director