

**Thompson, Jo**

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**From:** Kristin Page-Nei <kristin.page.nei@cancer.org>  
**Sent:** Tuesday, September 08, 2015 4:41 PM  
**To:** Thompson, Jo  
**Cc:** Dana Malick; Rhoades, Jessica (HHS)  
**Subject:** ACS CAN Public Comments for Montana Health and Economic Livelihood Partnership (HELP) Program Section 1115 Research and Demonstration Waiver Application  
**Attachments:** ACS CAN Montana 1115 Waiver Comments FINAL kpn.pdf

Dear Jo Thompson:

Please accept our public comments on the Section 1115 Waiver. Given that yesterday was a holiday I am hoping that you will accept our comments today. Please let me know if you have any questions.

Sincerely,  
Kristin Page-Nei

**Kristin Page-Nei** | Montana Government Relations Director  
American Cancer Society Cancer Action Network, Inc.  
3550 Mullan Rd Suite 103  
Missoula, MT 59808  
Phone: 406.728.1004 | Mobile: 406.360.8752 | Fax: 406.327.0146

[acscan.org](http://acscan.org)



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## **Thompson, Jo**

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**From:** Laura Pippin <bpippingj@juno.com>  
**Sent:** Wednesday, September 09, 2015 10:14 PM  
**To:** Thompson, Jo  
**Subject:** Health and Economic Livelihood Partnership program waiver

Dear Ms. Thompson

I am submitting this comment in support of the demonstration waiver which, if approved, will extend healthcare coverage to over 70,000 Montanans, including over 20,000 Native Americans.

Out of 33 states with significant American Indian populations, Montana ranks the highest of any state in uninsured American Indians (40 percent). American Indians residing in in Montana suffer from significant disparities in life expectancy (nearly 20 years!). The causes of health disparities are complex, but inadequate access to healthcare is one important and correctable contributor.

Let's move forward and make Montana a healthier place for all. All Montanans, regardless of income, should be able to enjoy a healthier and longer life.

Sincerely,

Laura Pippin  
535 BRECKENRIDGE ST  
HELENA, MT 59601

## Thompson, Jo

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**From:** Lopach, Sheila  
**Sent:** Thursday, September 10, 2015 10:51 AM  
**To:** Opper, Richard; Dalton, Mary; Thompson, Jo; Rhoades, Jessica (HHS)  
**Subject:** HELP Act  
**Attachments:** 9.20.15 letter from Missoula Public Health re HELP.pdf

Hello,

Attached is a letter from the Missoula Public Health Department regarding the HELP Act. It is my understanding that this is a public comment so I assume this goes to Jo. Thanks.

*Sheila Lopach*  
*Director's Office*  
*[Slopach@mt.gov](mailto:Slopach@mt.gov)*  
*406 444-5623*





**Missoula City-County Board of Health**  
301 West Alder Street | Missoula MT 59802-4123  
[www.co.missoula.mt.us/healthboards](http://www.co.missoula.mt.us/healthboards)

**ADMINISTRATION**

Phone | 406.258.4770  
Fax | 406.258.4857

August 20, 2015

Richard Opper, Director  
Montana Department of Public Health and Human Services  
P. O. Box 4210  
Helena, MT 59604-4210

**Received**

**SEP 10 2015**

**Director's Office  
DPHHS**

**Re: Comments, Montana Health and Economic Livelihood Partnership (HELP) Program  
Section 1115 Research and Demonstration Waiver Application**

Dear Director Opper:

The Missoula City-County Board of Health ("Board") is pleased to have the opportunity to convey its support of Montana's draft waiver application for the Health and Economic Livelihood Partnership Act, which would expand Medicaid in Montana.

The Board has been a strong advocate and actor in expanding access to public health services and health care in Missoula County, Montana's second-most populated county. Implementing Montana's HELP Act can extend Medicaid coverage to over 8,500 residents in our jurisdiction.\* While we applaud the bipartisan efforts that bring Montanans this opportunity, the health care jobs it will create, and related economic boosts, it is the improved health status of our population that compels us to support Montana's application.

While pursuing the application and the program's eventual implementation, the Board recommends that the Department of Health and Human Services (DPHHS) adhere to the following principles that have promise for optimal improvements in enrollment and ultimately for public health:

- Act expeditiously and with care toward responding to public comment;
- Conduct enrollment in a way that enhances the dignity of the newly-eligible and newly-covered;
- Reach out extensively to agencies at the local level, including to local health departments, during enrollment and implementation.

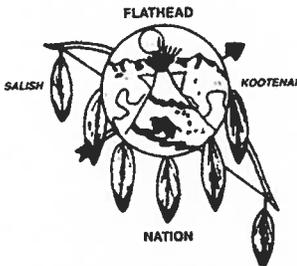
The Board expresses its appreciation for the promptness and care DPHHS has already directed to this crucial program and extends its support toward successful implementation.

Sincerely,

A handwritten signature in black ink that reads "Garon Smith, PhD".

Garon Smith, PhD  
Chair

\*Montana Budget and Policy Center Medicaid Expansion Data, April, 2015



THE CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD NATION

P.O. BOX 278  
Pablo, Montana 59855  
(406) 275-2700  
FAX (406) 275-2749  
www.cskt.org



A People of Vision

A Confederation of the Salish,  
Pend d' Oreille  
and Kootenai Tribes

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Leonard W. Gray  
Lloyd D. Irvine  
Terry L. Pitts  
Patty Stevens

September 10, 2015

Richard Opper, Director  
Department of Public Health and Humans Services  
111 North Sanders, Room 301,  
PO Box 4210  
Helena MT 59604-4210

**RE: Confederated Salish & Kootenai Tribes Comments on 1115 Waiver**

Dear Director Opper:

The Confederated Salish and Kootenai Tribes (CSKT) greatly appreciate the opportunity to provide written comment on the 1115 Waiver proposed for submission to the Centers for Medicare and Medicaid Services (CMS) to expand the Montana Medicaid program to approximately 70,000 Montanans, which it is estimated 20,000 are American Indians and 2,500 are identified as health beneficiaries of the CSKT Tribal Health Department (THD). We appreciate you personally taking time to attend the Tribal Consultation provided on August 19, 2015. State Medicaid Director Mary Dalton's presentation was extremely valuable in explaining the waiver, as well as Tribal Relations Director Lesa Evers input.

CSKT has been actively engaged in the process to expand Montana Medicaid to this new population. CSKT tribal council members and THD staff have attended many meetings, conducted educational sessions and testified at many legislative hearings to express our support and relate the tremendous need to bring health care to our beneficiaries. We applaud the Montana Legislature for passing SB405 and Governor Steve Bullock for signing it into law. Now, the work of implementing the law begins along with our continued partnership with the State.

CSKT has reviewed the proposed waiver and understand the exclusions and alternative benefit plan that are a part of it. The 1115 Waiver to be submitted by the State of Montana to CMS is needed to support the HELP Act, as it was passed and signed into law.

The HELP Act requires Montana Medicaid benefits be offered under a Third Party Administrator (TPA) model and includes cost sharing. However, these cost sharing provisions will not apply to American Indians. CSKT supports the exclusions of Americans Indians from these provisions as well as the exclusion from the Waiver.

CSKT appreciates the opportunity to provide written comment and looks forward to working together to expand Montana Medicaid.

Sincerely,

**CONFEDERATED SALISH AND KOOTENAI TRIBES**

A handwritten signature in blue ink that reads "Vernon S. Finley". The signature is written in a cursive style.

Vernon S. Finley,  
Chairman

Cc: S. Kevin Howlett, Department Head, Tribal Health Department, POB 880, St. Ignatius, MT 59865  
Anna Whiting Sorrell, Director of Operations, THD, POB 880, St. Ignatius, MT 59865



RECEIVED

ADMINISTRATION

SEP 11 2015

Received

HEALTH RESOURCES  
DIVISION

SEP 11 2015

RECEIVED

SEP 10 2015

HEALTH RESOURCES  
DIVISION

September 3, 2015

Richard Opper  
Department of Public Health and Human Services  
P.O. Box 202951  
Helena, MT 59620-2951

Director's Office  
DPHHS

RE: The Health and Economic Livelihood Partnership (HELP) Medicaid Waivers

Dear Director Opper:

On behalf of St. Vincent Healthcare in Billings, I am providing our formal comments on the Montana application for federal waivers necessary to implement the HELP Act passed during the 2015 legislative session. St. Vincent Healthcare is a not-for-profit faith-based healthcare ministry committed to providing for the needs of the communities we serve, especially for the poor and vulnerable.

We appreciate the Department's solicitation of public comment. We support both the request for the Section 1115 Demonstration Waiver necessary to provide health coverage to certain adults and the Section 1915(b)(4) waiver necessary to utilize a third party administrator to manage the demonstration program.

Access to health care is a basic human right, and our long-standing Mission of providing compassionate service to the poor and vulnerable aligns directly with the goals of the HELP Act by expanding that access to care to more Montanans. We were a strong advocate of Senate Bill 405 during the legislative session, and we understood the challenges of expanding the traditional Medicaid program.

St. Vincent Healthcare supports the proposal to provide continuous coverage to the expanded eligible population, including childless adults with incomes below 138% of the federal poverty level and adults with children with incomes between 51% and 138% of the federal poverty level. This will help to fill gaps in coverage and ease the way for this population.

Additionally, we approve of the cost sharing and disenrollment plans. Various cost sharing plans are in place already in the current Medicaid system, and these strategies are consistent with those programs. We believe they are fair, that there are exceptions for those particularly in need, and they provide beneficiaries with a share in responsibility.

Regarding the third party administration (TPA), we support continuing the already successful utilization of TPA services for the Healthy Montana KIDS program and agree the waiver request should be approved to continue using a TPA to provide certain management services for the expansion population.

St. Vincent Healthcare supports the waiver requests as they are written. Thank you for helping to make this possible in Montana.

If you have questions or need additional information, please do not hesitate to contact me.

Sincerely,

  
Steve Loveless  
President and CEO  
St. Vincent Healthcare

## Corbett, Rebecca

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**From:** Thompson, Jo  
**Sent:** Tuesday, September 15, 2015 4:10 PM  
**To:** Corbett, Rebecca  
**Subject:** FW: Medicaid Expansion (HELP ACT) online public comment form

**From:** [bolt654ever@yahoo.com](mailto:bolt654ever@yahoo.com) [mailto:[bolt654ever@yahoo.com](mailto:bolt654ever@yahoo.com)]  
**Sent:** Tuesday, September 15, 2015 4:08 PM  
**To:** [KWallis@manatt.com](mailto:KWallis@manatt.com); Thompson, Jo  
**Subject:** Medicaid Expansion (HELP ACT) online public comment form

Name: Michael Mikulski

Email: [bolt654ever@yahoo.com](mailto:bolt654ever@yahoo.com)

Comments: Medicaid expansion will do what for accessing physicians? We already have physicians turning away Medicaid patients, so let's go ahead and put more people on Medicaid? Please tell me what the plan is to get more healthcare providers on board with this so called expansion so that people will have supposed "access" to supposed "quality healthcare." I was under the impression that "Obamacare" was going to give everyone the "free healthcare" they deserved, so again, please tell me why we need to expand Medicaid? As political humorist P.J. O'Rourke said: "If you think health care is expensive now, wait until it is free."

Uploaded File Name:

File Link: [Open the file](#)



September 8, 2015

The Department of Public Health and Human Services  
Attn: Jo Thompson  
PO Box 202951  
Helena, MT 59620-2951

**Re: Montana Health and Economic Livelihood Partnership (HELP) Program Section 1115  
Research and Demonstration Waiver Application**

Dear Jo Thompson:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Montana's proposal to develop the Health and Economic Livelihood Partnership Program (HELP) through the Section 1115 Demonstration Waiver process. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

We strongly support expanded access to Medicaid and appreciate Montana's desire to pursue innovative approaches to the Medicaid program. We strongly encouraged the legislature to support the Montana HELP Act as it was our final vehicle that would allow the state to qualify for and draw down the enhanced federal matching funds and cover the 70,000 state residents who earn less than 138% of the federal poverty level. Though some of the provisions of the HELP Act that are now part of the waiver give us heartburn we commend Senator Buttrey and the Governor for finding a bill that can receive bipartisan support. The waiver must not jeopardize this agreement or it will be short lived.

Approximately 5,950 Montanans are expected to be diagnosed with cancer this year<sup>1</sup> and thousands more are cancer survivors – many of whom will need to rely on Medicaid for affordable health care coverage. Research has demonstrated that individuals who lack health insurance coverage are more likely to be diagnosed with advanced-stage cancer. Uninsured women are 4 times as likely to be diagnosed with advanced-stage breast cancer and 1.4 times as likely to be diagnosed with advanced stage cervical cancer.<sup>2</sup> Uninsured adolescents and young adults are at higher risk of advanced stage cancer diagnosis. Specifically, uninsured females aged 15 to 39 were nearly twice as likely as those with private insurance to be diagnosed with "distant stage" cancer.<sup>3</sup>

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<sup>1</sup> American Cancer Society, Cancer Facts and Figures 2015, available at <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>.

<sup>2</sup> Ward, Elizabeth, et al., *Association of Insurance with Cancer Care Utilization and Outcomes*, 58 *CANCER J. FOR CLINICIANS* 9 (2008).

<sup>3</sup> Elizabeth Mendes, *For the Young and Uninsured, Cancer Diagnosis Often Comes Late* (Feb. 24, 2014), <http://www.cancer.org/research/acresearchupdates/more/for-the-young-and-uninsured-cancer-diagnosis-often-comes-late>

Our comments on the HELP proposal are intended to ensure that cancer patients and survivors in Montana will have adequate access and coverage under the program, and that specific requirements do not create barriers to care for low-income cancer patients. We hope Montana and the Centers for Medicare and Medicaid Services (CMS) will come to a compromise that will honor the intent of the Montana HELP Act and ensure Montanans have access to quality, affordable, comprehensive health insurance.

We offer the following specific comments on the HELP program:

#### **Premium Contributions and Cost-Sharing**

We are concerned that, as written, Montana's proposal to implement a so-called "personal responsibility" approach to cost-sharing and premium contributions may place a greater financial burden on the lowest income Montanans and may create barriers to individuals and families – including those with cancer - accessing needed health care. Under Montana's proposal, adults under 138 percent of the Federal Poverty Level (FPL) would be required to pay monthly premiums equal to 2 percent of household income. Because this low income population is more likely to have inconsistent income throughout the calendar year **we recommend that monthly contributions be calculated based on the previous month's income instead of the projected annual total household income. We also recommend that monthly copayment totals be limited to 3 percent of monthly household income (calculated based on previous month household income)**

#### **Lock-out Periods**

We are deeply concerned about the proposed lock-out period for those over 100 percent of the FPL who do not make their monthly premium payments. The HELP program proposes a 6 month lock-out period for non-payment of premium contributions. During the 6-month lock-out period, low-income cancer patients will likely have no access to health insurance, making it difficult or impossible to continue treatment. For those cancer patients who are mid-treatment a loss of insurance could actually jeopardize their lives. **We strongly recommend removal of the 6-month lock-out period for HELP beneficiaries with income above 100 percent of the FPL who do not pay monthly premium contributions.**

Rather than impose lock-out periods – which can impede low-income cancer patients' access to treatment – we believe the only consequence for non-payment of premium contributions should be disenrollment with the option to immediately re-enroll.

#### **Copayments**

We are also concerned about the level of copays required for those enrolled in the HELP program. For a patient with a serious, chronic condition such as cancer, copayments could quickly total 3 percent of income, which is a significant hardship for an individual or family fighting cancer. **We urge Montana to ensure that no HELP beneficiaries below 100 percent of the FPL will be turned away at the point of service for inability to pay a copayment.**

### Health Incentive Program

We are also concerned about the lack of information regarding the wellness program being proposed. Health-contingent wellness programs – if not well designed – potentially disadvantage cancer patients and others with chronic diseases due to physical circumstances beyond their control. **We recommend that Montana incorporate consumer protections similar to those described by the U.S. Department of Labor and Department of Health and Human Services (HHS) in the employer-based wellness program rules in any health incentive program.**

### Eligibility

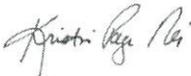
We are pleased Montana proposes to implement a continuous 12 month eligibility standard. However, it is unclear whether Montana also will permit retroactive enrollment. We strongly urge Montana to specifically include this important requirement.

### Medically Frail

We appreciate Montana's commitment to protecting those who may be better served through the state's standard Medicaid program and cost sharing structure. Based on the waiver application, it appears as if those defined as "medically frail" and those "with exceptional healthcare needs" will be exempt from TPA enrollment into the HELP program. As noted previously, we are concerned that the cost-sharing required in the HELP program will pose a significant hardship for those diagnosed with cancer, particularly those having to take a leave from employment or bare extra financial expenses to pursue their cancer treatment. **We request that Montana provide greater specificity as to the process by which a potential enrollee would be categorized as medically frail or a person with "exceptional healthcare needs". We would further request greater clarity on the process by which a HELP enrollee could apply to become exempt from the HELP program and transition to standard Medicaid as a result of the onset of a serious health condition like cancer.**

We appreciate the opportunity to comment on the HELP Waiver Application. We look forward to working with you to ensure that low-income Montanans have access to quality, affordable, comprehensive health insurance that best fits their needs. If you have any questions, please feel free to contact Kristin Page-Nei at [kristin.page.nei@cancer.org](mailto:kristin.page.nei@cancer.org) or at 406.360.8752.

Sincerely,



Kristin Page-Nei  
Montana Government Relations Director

