



SPAN
35 Halsey Street
4th Floor
Newark, NJ 07102
(973) 642-8100
(973) 642-8080 - Fax
E-Mail address: span@spannj.org
Website: www.spannj.org

Statewide Parent Advocacy Network, Inc.

Family Voices comments on the CMS Medicaid Program: State Flexibility for Medicaid Benefit Packages

3/20/08

We are writing on behalf of Family Voices NJ concerning the CMS proposal on the Medicaid Program: State Flexibility for Medicaid Benefit Packages. Family Voices is a national network that advocates on behalf of children with special healthcare needs. Our NJ Chapter is housed at the Statewide Parent Advocacy Network, NJ's federally funded Parent Training and Information Center. SPAN is also the Family-to-Family Health Information Center for the state, and a chapter of the Federation of Families for Children's Mental Health.

Although we agree with the concept of state flexibility, such flexibility must not compromise the access to or quality of care for beneficiaries. We are concerned that, under the propose rules, states would be able to amend their Medicaid plans to provide for the use of benefit packages "other than the standard benefit package, namely benchmark...packages for certain populations." States would be able to implement health benefit packages "mirroring employer sponsored group health plans." This is a major concern as Medicaid generally has better coverage than traditional indemnity plans due to EPSDT (Early Periodic Screening Diagnosis and Treatment), particularly for children and youth with special healthcare needs. Further, we are concerned because "generally private health insurance plans do not offer non-emergency medical transportation...proposing to exempt states that elect benchmark coverage from the transportation assurance requirement." Lack of transportation is a huge barrier for access to care for vulnerable populations.

We do agree that states "may require recipients to obtain benefits by enrolling in benchmark...coverage only if they are full benefit eligibles (otherwise be eligible to receive the standard full Medicaid benefit package), including medically needy and spend-down populations." We agree with the exemptions for pregnant women, ABD (SSI), dual eligibles (Medicaid/Medicare), terminally ill, inpatient facility, medically frail, long term care, fostercare, welfare reform, breast/cervical cancer, and TB infected. We also agree that while exempted individuals are not required to enroll in these plans, they

may enroll voluntarily. However, we would like to ensure that exempted individuals know they may opt out, receive a comparison of how benefits differ under regular Medicaid, and documentation that the individual given this information.

We also agree that states should be able to use “premium payments...to purchase the employer coverage” for individuals. This may be more cost effective for states and result in less reliance on public insurance when there are alternatives available, yet assist individuals who may not be able to afford to access employer coverage otherwise. In addition, states may also use either a fee for service delivery model of a managed care delivery system. We are concerned however, that the managed care model is better suited for a “well” population as opposed to children with chronic special healthcare needs and adults with disabilities.

We are also concerned that benchmark plans would not have to provide “comparability, statewideness, freedom of choice, the assurance of transportation to medically necessary services, and/or other requirements (this needs to be clarified) in order to tailor and provide benefits.” This will most likely result in inequity of access to healthcare services depending upon the geographical location in which a beneficiary resides.

We agree that required services in benchmark plans need to include: inpatient/outpatient hospital, physicians surgical and medical services, labs and x-rays, and “well baby/child” care. We are concerned that packages may include “any or all of the following...prescription drugs, mental health, vision, and hearing” as we feel all of these are necessary medical services. It is a concern noted that CMS “expects...most benchmark plans will offer the majority of EPSDT services” but it is not required. We oppose any provision that would remove the requirement that all such plans MUST offer ALL EPSDT services. We do agree with the use of wraparound services when needed but again note that it says “states may provide wraparound” and this isn’t a requirement.

Thank you for the opportunity to comment on the CMS proposal on the Medicaid Program: State Flexibility for Medicaid Benefit Packages and considering our concerns for this vulnerable population. We would be happy to provide you with more detailed information regarding our concerns at your convenience.

Sincerely,

Lauren Agoratus, M.A.-parent
NJ Coordinator- Family Voices at the Statewide Parent Advocacy Network
NJ Caregiver Community Action Network-Nat’l Family Caregivers (volunteer)
35 Halsey St., 4th Fl.
Newark, N.J. 07102
(800) 654-SPAN ext. 110
Email familyvoices@spannj.org