



MAINE EQUAL JUSTICE

Finding solutions to poverty and improving the lives of people with low income in Maine.

Proposed Medicaid Waiver Will Cause Thousands to Lose Needed Health Care

Medicaid Waivers were created by Congress to promote health care, not deny it.

Maine's Department of Health and Human Services (DHHS) wants to fundamentally change Maine's Medicaid program (MaineCare) with no input from our elected policy makers, jeopardizing access to health care for thousands of Mainers.

DHHS is applying to the Federal Government for a Section 1115 Waiver. These waivers are supposed to promote the purpose of the Medicaid Program, which is to provide medical assistance to people who can't afford the health care they need. Instead, Maine's proposed Medicaid waiver will create barriers that reduce access to timely and appropriate health care for thousands of Mainers, struggling to make ends meet.

Here is what this waiver would do:

Some people would be limited to just 3 months of Medicaid coverage every 36 months

Under this plan a person would be limited to 3 months of coverage in a 3-year period unless the person works or engages in other DHHS approved activities for 20 or more hours per week. Only those who are 65 or older, disabled, pregnant, under 19 years old, or a parent with a child under 6 would be exempt.

Some Mainers, even those with income below the poverty level, would be required to pay monthly Medicaid premiums or face financial penalties and loss of health coverage

Parents, former foster care children (ages 18-26), women getting treatment for breast or cervical cancer, people seeking family planning services, 19 and 20 year olds and others already facing financial challenges would have to pay premiums to get Medicaid. If payment is not made, the person could be denied Medicaid for 90-days or longer. Unpaid premiums would have to be repaid in order to get Medicaid again. This would apply even if an individual has zero income or could not otherwise pay the premiums.

Research has shown that adding financial barriers, like premiums for people with very low incomes simply decreases access to needed care. Additionally, imposition of premiums on people below 150% of the FPL is unlawful and this legal protection cannot be waived.

Medicaid recipients would be charged \$20 for the non-emergency use of the Hospital Emergency Department

If a Medicaid recipient goes to the Emergency Department, even at the recommendation of his own doctor, but is not admitted as an **inpatient**, this Medicaid recipient would be charged \$20. Charging co-pays to people who go to the hospital for an emergency will discourage people from getting the care that they need.

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Medicaid recipients could be charged for missed appointments

Under current policy, providers may refuse to treat Medicaid members who violate the provider's missed appointment policy. Under this new proposal, providers could also charge the Medicaid member for the missed appointment.

Medicaid recipients already face daunting challenges such as finding child care and transportation. This proposal creates additional barriers to care and could even cause people to delay care and increase use of Emergency Departments.

Parents, children and pregnant women would be penalized for having modest savings

The Affordable Care Act (ACA) removed the complex burdens of asset tests. DHHS proposes to put them back. This waiver proposes that assets such as retirement accounts and saving that exceed \$5,000 would result in a denial of Medicaid coverage.

Although the vast majority of low-income parents and children do not have such funds, they will now have to go through the cumbersome process of proving they do not have these assets. Both Maine and Federal law prohibit this type of waiver.

Elimination of retroactive Medicaid eligibility would hurt people and health care providers

This proposal would allow Medicaid eligibility only back to the first day of the month of application, even though a health care crisis could happen at any time. For example, a person who has a stroke near the end of the month, but isn't able to get their Medicaid application to DHHS until the next month, would not get coverage for the health care expenses that result from the stroke.

This proposal is harmful to individuals and to health care providers who provide emergency services and provide treatment regardless of insurance status.

Elderly and disabled people with annuities would be penalized

Elderly and disabled spouses who transfer funds into annuities may now be subject to new restrictions. Many seniors face huge medical expenses for nursing and home care, and this proposal will push them into even deeper poverty.

Elimination of Presumptive Eligibility Determinations Could Hurt Maine Hospitals

Current law allows qualified hospitals to determine initial (called presumptive) eligibility for Medicaid for certain groups, eliminating long wait times in the Medicaid application process. Maine hospitals are not currently using this process. However, DHHS proposes to eliminate the option to use this process in the future, when it could potentially relieve cost burdens on local hospitals.

Conclusion

Maine's Medicaid program faces fundamental and harmful changes unless action is taken now to stop this waiver.