December 3, 2019

The Honorable Brian Kemp
Governor, State of Georgia
206 Washington Street
Suite 203, State Capitol
Atlanta, GA 30334

RE: Public comment on the proposed 1115 & 1332 Waiver

Dear Governor Kemp:

The Medical Association of Georgia (MAG) has been the leading voice for physicians in the state since 1849. With more than 8,400 members, MAG represents physicians in every medical specialty and practice setting. The following are MAG’s comments on the ‘Georgia Pathways’ Section 1115 and ‘Georgia Access’ Section 1332 health insurance waivers that Georgia Gov. Brian Kemp will be submitting to the federal government.

In 2016, our main policymaking/governing body (the MAG House of Delegates) passed policy 290.967 that provides an ideal framework in which we believe it would be beneficial for the state to ensure greater access to coverage. This policy states: “MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to, the following: 1) that patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing; and 2) that such a waiver eliminate regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule.” This policy and others cited below are the method in which we evaluate these proposals.

While MAG understands the limits imposed by the enabling legislation passed by the Georgia General Assembly, we would like an opportunity to work with the state earlier on so that more lives could be covered in the future. We sincerely appreciate the ability to comment and offer feedback on your current proposals which you will find below:

‘Georgia Pathways’ – Section 1115 Waiver

- MAG supports this waiver’s overall goal (i.e., health insurance for adults who are under 100% of FPL) which aligns with established MAG Policy 290.971 on Medicaid Expansion which states: “MAG supports innovations and modifications of the Georgia Medicaid program balancing the needs of Georgia’s uninsured patients with the need to achieve a sustainable solution to the budget shortfalls and expected future financial challenges.”
MAG applauds the $0 copay for primary care visits as we believe this will encourage patients to establish a medical home with a primary care physician; thus, producing overall savings to the system.

MAG supports the policy that allows patients who have transitioned to commercial insurance to still have access to their accumulated funds in their Member Rewards Account.

The premium assistance feature for employer-sponsored insurance is important because the administrative burden associated with private insurers is generally lower than the one associated with care management organizations (CMOs), and private insurers typically offer adequate reimbursement rates.

MAG members have asked whether this proposal includes any “hold harmless” provisions (i.e., physicians would not be subjected to additional risk or liability) especially during the initial stages of implementation?

MAG members have expressed concern about the work requirement for adults who have chronic conditions and/or don’t meet the “disabled” standards for Medicaid. MAG and its partners would request to work with the state on exemptions for specific diagnoses, especially with regards to mental health.

The state should look for ways to reduce the administrative burden associated with CMOs during this program’s implementation – as today’s prior authorization process results in a myriad of patient care and claims problems.

Payment/reimbursement levels must be high enough to establish and sustain an adequate network of physicians across all specialties – keeping in mind that many physicians don’t accept Medicaid because they would effectively lose money on every patient they see (i.e., cost of care is higher than payment).

The state/insurers need to look for ways to address/minimize “no-shows” or missed appointments – which translate into costs the practice can’t recover. The same holds true for transportation (e.g., the ‘Non-Emergency Medical Transport’ waiver) – as reliable transportation can be a significant obstacle for this plan’s target population.

The system’s database should be updated adequately to ensure that practices can determine if the patient/member’s coverage is up to date (i.e., not suspended for nonpayment of premium).

How will the state/insurers handle patients/members who use the emergency department for non-emergency purposes (i.e., ensure physicians aren’t penalized)? This will be a significant challenge since much of the plan’s target population hasn’t received medical care on a regular basis.

MAG would like to strongly encourage the state to incentivize the eligible populations for “Early and Periodic Screening, Diagnostic, and Treatment” (EPSDT) participation through the patient’s “Member Rewards Account.”
• With the expansion of coverage to these new populations, we would like to see a commitment from the state to increase the reimbursement for Medicaid primary care codes (including for obstetricians/gynecologists) to equal 2018 Medicare rates, which will improve access to care.

• MAG has concerns over the premium requirements as these could be a barrier to entry and make it difficult for patients to maintain active benefits.

• MAG has concerns over the request to eliminate the three-month retroactive coverage as we feel the 2.2% reduction of the per member/per month spend does not justify its elimination. This coverage can only help patients transition to commercial insurance quicker, which is the overall goal of the 1115 program.

‘Georgia Access’ – Section 1332 Waiver

• The proposed 1332 Waiver falls within established MAG Policy 290.968 on Medicaid Expansion which states: “MAG supports Georgia seeking a waiver from the U.S. Department of Health & Human Services (HHS) Secretary to allow Georgia to use the Medicaid expansion funds to buy private insurance in the state health insurance exchange for eligible Georgia citizens at or below 138% of the federal poverty level.”

• MAG supports efforts to increase the number of Georgians who have health insurance and reduce costs for individuals who purchase health insurance.

• MAG also supports the goal of moving as many patients as possible to commercial insurance over Medicaid.

• MAG agrees that the current trajectory of rising health insurance premiums is unsustainable.

• MAG supports the need to continue to protect patients who have pre-existing conditions.

• MAG members have asked whether this proposal includes any “hold harmless” provisions (i.e., physicians would not be subjected to additional risk or liability)?

• MAG strongly supports the availability of robust Essential Health Benefits and is concerned that many patients/members may not understand what is or isn’t included in a non-qualified health plan (i.e., they will purchase the cheapest plan without understanding the implications) – which is something the state/insurers should be prepared to address. The Georgia Access Model could potentially allow carriers and other private sector entities the ability to market Non-Eligible Non-Qualified Health Plans (QHPs) alongside Eligible non-QHPs. We would strongly encourage the state to work with MAG and its partners when considering the implementation of this program to ensure consumer/patient protection.

• MAG has concerns about the lack of guidance or policies ensuring the state has a goal regarding network adequacy, and this could exacerbate Georgia’s narrow networks that all consumers are facing, which in turn will negatively affect the Georgia Access and Reinsurance Program.
MAG has significant concerns over the insurance carriers’ habitual practice of inaccurately representing their network sizes at the time of open enrollment. We would like to request the state to work with MAG and its partners on instituting a program that would decrease the coinsurance subsidy rate to insurance carriers for each instance of an inaccurate listing above a certain threshold.

I want to express MAG’s sincere thanks for the opportunity to comment on the ‘Georgia Pathways’ Section 1115 and ‘Georgia Access’ Section 1332 health insurance waivers proposals. Please contact Ryan Larosa at (678) 303-9275 or rlarosa@mag.org with any questions or in the event you would like additional information or clarification.

Sincerely,

Andrew B. Reisman, M.D.
President

ABR/dg
cc: Donald J. Palmisano, Jr., MAG Executive Director
    Ryan Larosa, Director, Corporate Relations