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July 27, 2015

The Honorable Sylvia Matthews Burwell
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-2390-P

Dear Secretary Burwell:

The American Lung Association appreciates the opportunity to submit comments on the proposal regarding Medicaid and Children's Health Insurance Program (CHIP) Programs. Many of the changes proposed are encouraging for the people the American Lung Association serves, including children and adults with asthma and other lung diseases and tobacco users who want to quit.

The Medicaid and CHIP programs addressed in this proposal benefit many children and adults with lung disease. 3.2 million kids (below age 18) with Medicaid (or other public insurance) have asthma. Just under 4 million adults with Medicaid (or other public insurance) have asthma or chronic obstructive pulmonary disease (COPD). Another 475,000 adults (ages 65 and older) have asthma or COPD and are dual-eligible for Medicaid and Medicare. Also, Medicaid enrollees smoke at higher rates (30.1 percent) than the general population.¹

Asthma rates tend to be highest among non-Hispanic whites and blacks, although Puerto Ricans report some of the highest asthma rates. Asthma is also more common among those with lower incomes. Both COPD and smoking rates are elevated among adults with lower incomes, less education, and who are unemployed.¹ Black men have one of the highest lung cancer incidence rates, approximately 30 percent greater than among white men.²

The American Lung Association respectfully submits the following comments on:

- Standards for network adequacy
- Standards for beneficiary information
- Enrollment procedures

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Establishing Standards for Network Adequacy

Network adequacy is an important issue for lung disease patients and tobacco users. Primary care physicians are crucial in proper asthma management, diagnosis and management of COPD, recommending screening for lung cancer, encouraging smokers to quit and treating and referring smokers to additional cessation resources. It is vital that CHIP and managed care plans have adequate networks of primary care providers.

Additionally, lung disease patients need access to many types of specialists, and an adequate network is crucial in providing them with this access. Lung cancer patients need access to pulmonologists, oncologists, radiologists, social workers, patient navigators, palliative care specialists, dieticians and nutritionists. COPD and asthma patients need access to pulmonologists, allergists, asthma management specialists, certified asthma educators, social workers, mental health providers and dieticians and nutritionists. For these patients, access to specialty physicians and other clinicians and providers is essential for their diagnosis, treatment, and daily self-management. Patients who do not have such access are at grave risk of having their condition reach crisis stages, increasing suffering and requiring even more costly care, including hospitalization.

“Access” does not only refer to the number of providers on a health plan’s list. Providers must actually be accepting new patients, and must be located a reasonable distance from patients’ homes and workplaces. Many Medicaid enrollees work multiple jobs, and have challenges taking their child with asthma to the doctor. Some Medicaid enrollees with asthma, COPD or lung cancer might be disabled or have other conditions that limit their mobility. Lastly, COPD and its treatment involving oxygen tanks can itself severely limit mobility and a patient’s ability to be away from home.

For all these reasons, the American Lung Association supports the proposal’s establishment of minimum standards for network adequacy, and its requirement that states develop these standards.

Standards for Beneficiary Information

Knowing plan benefits and provider networks is critical for all Medicaid recipients selecting a health plan, especially those with lung disease and tobacco users. Lung disease patients may already be seeing multiple healthcare providers and need to know if those providers will be available to them under various managed care plan choices. Additionally, they need to understand the plan benefits with respect to drug coverage and covered procedures so they can select a plan that covers what they need and be aware of any associated costs or limitations. Smokers may want to quit smoking once enrolled, and knowing the tobacco cessation benefits a plan covers would allow them to select a plan that covers the treatments they would like to use to quit.

Therefore the American Lung Association supports the provisions in the proposal that standardize beneficiary information requirements, bring them in line with other requirements for



other plan types and recognize modern technologies. In particular, the Lung Association supports the requirement for managed care plans to publish handbooks, provider directories and formularies on plan websites so that Medicaid enrollees can make informed decisions in selecting the best plan for them. These are important steps to take in increasing transparency during the managed care enrollment process and more generally.

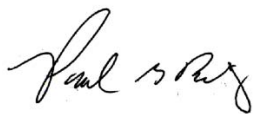
Enrollment

Lung disease patients and tobacco users on Medicaid have specific health care coverage needs. Lung disease patients may need expensive procedures or drugs and need a plan that will cover the right benefits, minimize out of pocket costs and provide other benefits such as transportation services. Understanding the benefits a plan provides and choosing the right plan can be confusing, especially for people who speak English as a second language or lack health insurance literacy. Most Medicaid programs are experiencing increased enrollment now whether or not they have expanded eligibility. Some of these new enrollees are likely inexperienced with health insurance in general and/or Medicaid in particular. Therefore, many Medicaid beneficiaries would benefit from personalized, unbiased assistance in understanding their options and selecting a plan. And perhaps more importantly, these Medicaid patients would benefit from a support system designed to help them use their benefits and navigate their coverage.

For these reasons, the American Lung Association supports the requirement for Medicaid programs to provide choice counseling to Medicaid enrollees who are given a choice of managed care plans or are being forced to change plans. The Lung Association also supports the establishment of Beneficiary Support Systems to “provide support before and after managed care enrollment.” These two requirements will allow Medicaid enrollees to get help in making the right enrollment choices for their healthcare, and in navigating their coverage once they are enrolled.

We appreciate your consideration of our comments.

Sincerely,



¹ Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey Raw Data, 2012. Analysis performed by the American Lung Association Research and Health Education Division using SPSS software.

² U.S. National Institutes of Health. National Cancer Institute: [SEER Cancer Statistics Review, 1975-2012](#).