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May 28, 2019

Kentucky Cabinet for Families and Children
Department for Medicaid Services
275 East Main Street
Frankfort, KY 40601

RE: Written Comments on Regulation 907 KAR 1:604 Emergency and Ordinary

Thank you again for the opportunity to provide comments regarding the changes to 907 KAR 1:604 Emergency and Ordinary, which mandates copayments for Medicaid-covered services. Research demonstrating the negative impacts of mandatory copays on Medicaid populations has previously been provided by Kentucky Voices for Health, both in oral testimony provided at the previous public hearing on February 25, 2019 and in a December 11, 2018 letter to the Department for Medicaid Services and co-signed by 26 other organizations^{i, ii}. Both are attached here for reference.

Despite these research findings, the Department has continued to pursue the mandatory copay policy in Kentucky's Medicaid program. We have heard many stories confirming the results anticipated by research findings: of individuals denied access to services, patients not allowed to pick up needed medication, persons with chronic health conditions shifting money marked for other living expenses to health expenditures, and others going without needed care altogether. Sometimes this is due to an error at the point of service. Although Kentucky Voices for Health appreciates and will continue to work with the Department's attempts to make this policy easier for providers to correctly administer, the fact remains that copays are designed to limit access to services, and that's just what they have done in Kentucky.

Statements documenting the challenges faced by beneficiaries, providers, and others have been collected by Kentucky Voices for Health and are attached here for the Department's review. Overall, almost 90% of respondents disapproved of Medicaid copays, about 62% of beneficiaries did not know or were not sure about copays before a doctor visit, and over 50% said they were avoiding or delaying care due to cost. Although it appears some of the commenters should not be turned away for inability to pay, their statements are a testament to the complexity and confusion that leads to fewer people accessing both physician services and prescription medications. One provider summed it up this way: "As a case manager, I work very closely with clients who have little to no income. The copays affect them by causing them to make the choice of healthcare versus food or another necessary expense. Clients are choosing to cancel appointments because they do not have the copay, so they are either not going to appointments for the care their physicians think they need, or they are prolonging the appointments and possibly making a situation worse."

Perhaps the Department is anticipating this policy will provide some savings to the program. After all, in its Statement of Emergency, the Department claims “This emergency administrative regulation is needed... to prevent a loss of federal and state funds”. However, a 2008 studyⁱⁱⁱ by the National Institutes of Health on a similar copay plan in Oregon found no such savings. From the article: “[Medicaid] Consumers may avoid care until they are more ill, potentially incurring greater loss of health status and/or greater health care expenditures. Providers, anticipating lower expected reimbursement, may limit access or shift use to providers more willing to absorb potential losses from unpaid copays.” Indeed, while the authors found diminished costs associated with front-end medical care like doctor visits and pharmacy usage, the increased costs associated with inpatient and outpatient hospital visits negated any overall savings to its program. The article references the Rand Health Insurance Experiment—on which many insurers and states relied—which found copayments are a way to contain costs without harming overall health. However, this article—along with others previously cited—found that such assumptions do not hold true for Medicaid and other low-income patients.

Confusingly, Kentucky is choosing to apply these charges to individuals who would have been deemed “medically frail” and protected from copayments and other cost sharing under the Kentucky HEALTH 1115 waiver that is currently on hold. This includes individuals who have chronic physical or mental health conditions, are unable to complete activities of daily living, are recovering from addiction, are homeless, as well as those who are trying to start new lives as survivors of domestic violence or newly arrived refugees. The state dedicated a great deal of time and resources in developing tools and processes to identify individuals likely to be harmed the most by cost sharing and other requirements. If these populations were going to be protected from cost sharing under the waiver, they should certainly be protected from cost sharing under this regulation. For individuals who must access health care more frequently due to their increased health care needs, the negative impacts of the copay policy are only magnified.

On the specific regulation language, Kentucky Voices for Health appreciates the new version’s clarification that no children on Medicaid or KCHIP will be charged a copayment for prescriptions. But the regulation remains silent regarding the maximum out of pocket expenditures and an inability of providers to refuse services to individuals under 100% of the federal poverty limit. Additionally, the regulation should clearly state that individuals over 100% FPL must be provided 72 hours of prescription drugs when medically necessary. It takes a great deal of knowledge and confidence for a beneficiary of Medicaid services to appropriately self-advocate when copayments are being charged incorrectly. Embedding this information in the state regulation can assist beneficiaries—and the people and organizations who help them—better understand and better navigate what is now a much more complex system.

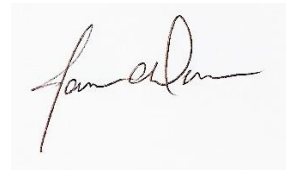
To conclude these comments, Kentucky Voices for Health respectfully requests the Department to respond to the following in its Statement of Consideration:

1. On what research the Department has relied to make the assumption that this copay policy would result in savings to the program without negatively impacting access to services and overall health;

2. Why the Department has chosen to be as restrictive as possible by applying copayments to Medicaid beneficiaries who would have been considered “medically frail” under its yet-unimplemented 1115 waiver;
3. How the Department stands to lose federal or state funds by not implementing this **optional** policy, as mentioned in the Statement of Emergency; and
4. Why the Department has chosen to remain silent on salient pieces of the copay policy in this regulation, including:
 - a. The requirement of all providers to serve patients with incomes under 100% of FPL when they are unable to pay;
 - b. The requirement of providers to maintain a policy of refusing services all patients who cannot pay their copay at the time of service if they wish to turn away Medicaid patients with incomes over 100% of FPL;
 - c. Details regarding maximum out-of-pocket expenditures; and
 - d. The requirement of pharmacists to provide Medicaid patients with incomes over 100% of FPL at least 72 hours’ worth of medications when medically necessary.

Kentucky Voices for Health appreciates the opportunity to provide these comments. While we look forward to continuing to work with the Department to mitigate the negative consequences of the Medicaid copay policy, we again state our opposition to the policy overall, and encourage the Department to return to the previous regulatory language allowing each MCO to determine whether to charge or waive copays for particular services.

Sincerely,



Jason C. Dunn
Policy Analyst

Attachments

ⁱ Artiga, Samantha, et al. “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings.” The Henry J. Kaiser Family Foundation, 30 Jan. 2018, www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

ⁱⁱ Powell, Victoria, et al. “Cost Sharing in Medicaid: Assumptions, Evidence, and Future Directions.” *Medical Care Research and Review* : MCRR, U.S. National Library of Medicine, Aug. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC4879115/.

ⁱⁱⁱ Wallace, Neal T, et al. “How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan.” *Health Services Research*, Blackwell Science Inc, Apr. 2008, www.ncbi.nlm.nih.gov/pmc/articles/PMC2442363/.

Kentucky Voices for Health

Jason Dunn testimony (2/28/2019)

Good morning, and thank you for the opportunity to comment on the Emergency and Ordinary versions of 907 KAR 1:604. Kentucky Voices for Health strongly opposes this regulation which requires mandatory copayments for nearly all medical services from nearly all adult Medicaid beneficiaries. I'll begin with general comments regarding Medicaid copayments and conclude with issues specific to language in this regulation. The general comments we offer here are substantially similar to our written objections provided to the Department for Medicaid Services on December 11, 2018 and cosigned by 26 other concerned organizations.

At the heart of our opposition to mandatory copays are the negative consequences caused by cost-sharing requirements. In 2017, the Kaiser Family Foundation reviewed the results of 65 related studies over the past 17 years. The results were clear: while premiums create barriers to coverage, even modest copayments create barriers to necessary health services for low-income populations. Copays were associated with increased rates of uncontrolled high blood pressure, high cholesterol, and increased financial burdens for families, causing some to cut back on other necessities. For low-income families, seemingly small copayments can add up quickly when an individual needs ongoing care or multiple medications.

Another examination published by the National Institutes of Health cited several examples of state copayment requirements that led to decreased prescription medication adherence. These include increased treatment gaps for patients with schizophrenia in Mississippi, while Georgia cancer patients incurred increased medical costs due to increased emergency room visits.

As the Kaiser review demonstrates, these costs will be especially harmful to those with lower income levels. The very poor are disproportionately more likely to forego needed care. Conversely, those with chronic physical or mental health issues who must utilize care more frequently will face more of a financial burden. In short, the more vulnerable the population, the more harms faced by the required imposition of copayments. This means people with disabling conditions, newly-arrived refugees, homeless individuals, and survivors of domestic and interpersonal violence attempting to make a new life, will be hit the hardest.

While we recognize that individuals living below 100% of the poverty line *should* not be turned away from services, the mere existence of the copay will prevent care for some. When beneficiaries do access services for which they cannot pay, the cost burden is shifted to Medicaid providers in the form of reduced reimbursements for services, further straining the health care safety net for Kentucky's most vulnerable residents. As one doctor said to me, this is simply a new tax on providers.

Notably, this protection for individuals living below 100% of the poverty line is nowhere to be found in the regulation. It's an important protection that should be included.

Many Medicaid beneficiaries receive multiple services on the same day when they can access an array of services from a single provider, or entity or group of doctors (depending on which document you read). While the Cabinet has taken steps to ensure only one copay *should* be charged in these situations, it has been a confusing process, and it's another protection that can and should be clarified in this regulation, yet it is not.

This leads to our specific comments regarding the language currently in the regulation.

In Section 2, the items in the chart of copays changes from services to specific populations in several entries. It appears this is an attempt to highlight populations with an exemption to copays when the intent of the chart is to list the cost of services. As such, these populations should be removed from the chart and listed in Section 3, entitled Copayment General Provisions and Exemptions.

Section 3, subsection (1) appears to exempt all children, whether Medicaid or KCHIP, from all copayments. However, one item in the chart in Section 2 states individuals “under eighteen (18) years of age, and not a KCHIP beneficiary” would have no copays for prescriptions. The item in the chart implies KCHIP children do have a copay for prescriptions. If the intent is that all children are exempt from all copayments, this discrepancy could easily be clarified by striking the conflicting language in the chart.

In closing, requiring copayments from Medicaid beneficiaries is a choice each state must make. It’s not mandated by federal law, and Kentucky was never at risk of losing federal or state funding as this regulation’s statement of emergency explicitly states. The research shows that any budgetary benefits are limited at best, as the unintended consequences of creating barriers to care are too often offset by increased costs for more expensive care down the road. In short, this is not a best practice. For that reason, we are opposed to mandatory copays for Medicaid beneficiaries, and *again* respectfully request that the Cabinet reconsider this new policy.

Thank you again for the opportunity to testify.



More affordable coverage, better care, and stronger consumer protections for all Kentuckians.

MEMBERS

Kentucky Equal Justice Center

Kentucky Voices for Health

Kentucky Center for Economic Policy

Homeless and Housing Coalition of Kentucky

Mental Health America of Kentucky

December 11, 2018

Carol Steckel, MPH
Commissioner
Kentucky Department of Medicaid Services
275 E. Main St.
Frankfort, KY 40601

As consumer advocates working to ensure the health and wellbeing of all Kentuckians, we are writing to ask the Cabinet to reconsider their recent decision to institute mandatory copays for most Medicaid adults.

The undersigned organizations represent a coalition of faith leaders, social services, health care providers, and concerned Kentuckians working to reduce poverty, support working families, and improve health outcomes in our Commonwealth. Having worked hand-in-hand with state agencies, providers, application assisters, legal aid programs, and others across the Commonwealth to get Kentucky covered, we have found that even modest financial barriers can mean the difference between having access to healthcare or going without.

At the heart of our opposition to mandatory copays are the negative consequences caused by cost-sharing requirements. In 2017, the Kaiser Family Foundation (KFF) [synthesized](#) the results of 65 studies on this issue, spanning 17 years. The results were clear: premiums often create a barrier to coverage, and even modest copayments create barriers to access to necessary health services for low-income populations. The summary states:

“...studies have found that increases in cost sharing are associated with increased rates of uncontrolled hypertension and hypercholesterolemia and reduced treatment for children with asthma. Increases in cost sharing also increase financial burdens for families, causing some to cut back on necessities or borrow money to pay for care. In particular, small copayments can add up quickly when an individual needs ongoing care or multiple medications.”

Another [examination](#) of cost-sharing studies, published by the National Institutes of Health, cited several examples of state copayment requirements that led to decreased prescription medication adherence. In Mississippi, a change in prescription copayments from \$1 to \$3 led to a 20% jump in treatment gaps for patients with schizophrenia. In Georgia, a similar change led to cancer patients incurring an additional \$2,000 in medical costs in a six-month period due to increased emergency room visits.

The KFF synthesis showed these costs will be especially harmful to those with lower income levels. The very poor are disproportionately more likely to forego needed care. Conversely, those with chronic physical or mental health issues who must utilize care more frequently will face more of a financial burden. In short, the more vulnerable the population, the more harms faced by the required imposition of copayments. This means people with disabling conditions, newly-arrived refugees, homeless individuals, and survivors of domestic and interpersonal violence attempting to make a new life, will be hit the hardest.

While we recognize that individuals below 100% of FPL cannot be turned away from services, the mere existence of the copay will prevent care for some. When beneficiaries access services for which they cannot pay, the cost burden is shifted to Medicaid providers in the form of reduced reimbursements for services, further straining the health care safety net for Kentucky's poorest residents.

For those making over 100% FPL, we are concerned that those with chronic health conditions or serious acute illnesses will ration needed care as a way of making ends meet. We are especially worried that anyone meeting the proposed definitions of "medically frail" or "temporarily vulnerable" will be affected the most by being charged mandatory copays after months of intensive outreach and education that they were protected from cost-sharing.

Under Federal law, the imposition of copayments is an option states can choose to take. Until July of this year, Managed Care Organizations (MCOs) have been able to *choose* whether to charge copays or not per 907 KAR 1:604. Consequently, MCOs elected not to charge copays. Beginning July 1, the Department filed a regulation requiring MCOs to collect copays only for the expansion population, although nearly all Medicaid members were affected by the confusion that unfolded, leading many to be turned away when they could not pay at the time of service.

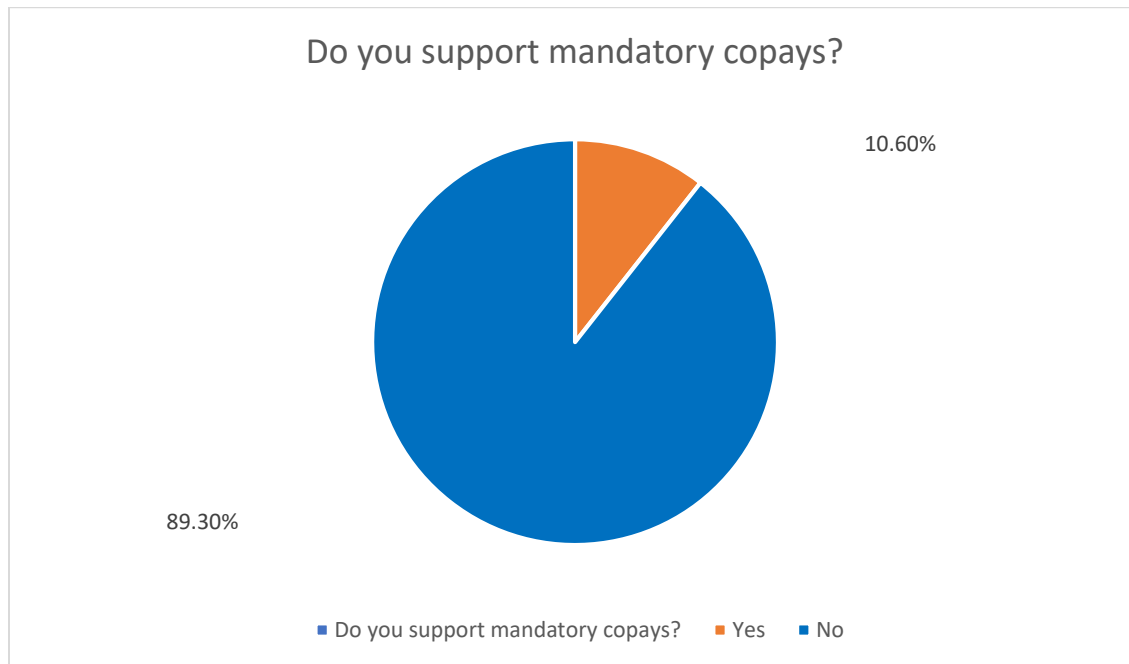
Requiring copayments from Medicaid beneficiaries is a choice each state must make. Any budgetary benefits are limited at best, as the unintended consequences of creating barriers to care are often offset by increased costs down the road. For that reason, we are opposed to mandatory copays and again ask that the Cabinet reconsider this new policy.

Sincerely,

Advocacy Action Network
American Heart Association
The Arc of Kentucky
Bridgehaven Mental Health Services
Centerstone Kentucky
Community Farm Alliance
Family Health Centers, Inc.
HealthFirst Bluegrass
Healthy Reentry Coalition of Kentucky
Kentucky Association of Regional Programs, Inc.
National Association of Social Workers – KY
Kentucky Center for Economic Policy
Kentucky Chapter American Academy of Pediatrics

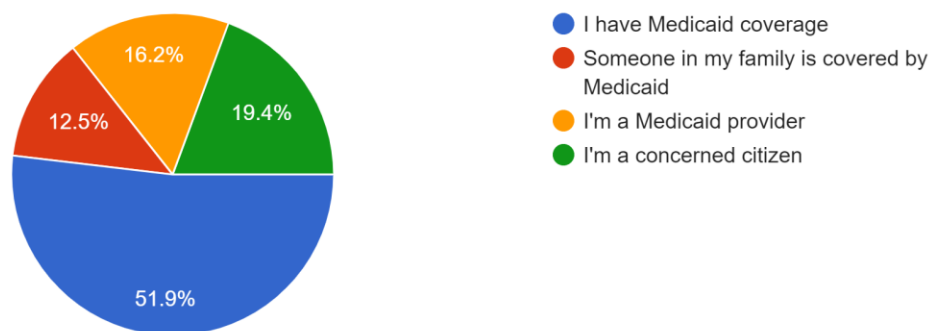
Kentucky Coalition Against Domestic Violence
Kentucky Equal Justice Center
Kentucky Nurses Association
Kentucky Primary Care Association
Kentucky Voices for Health
Mental Health America of Kentucky
NAMI Lexington
National MS Society
Park Duvalle Community Health Center
Recovery Louisville
Shawnee Christian Healthcare Center
Wellspring, Inc.

Summary: Mandatory CoPay Story Collector



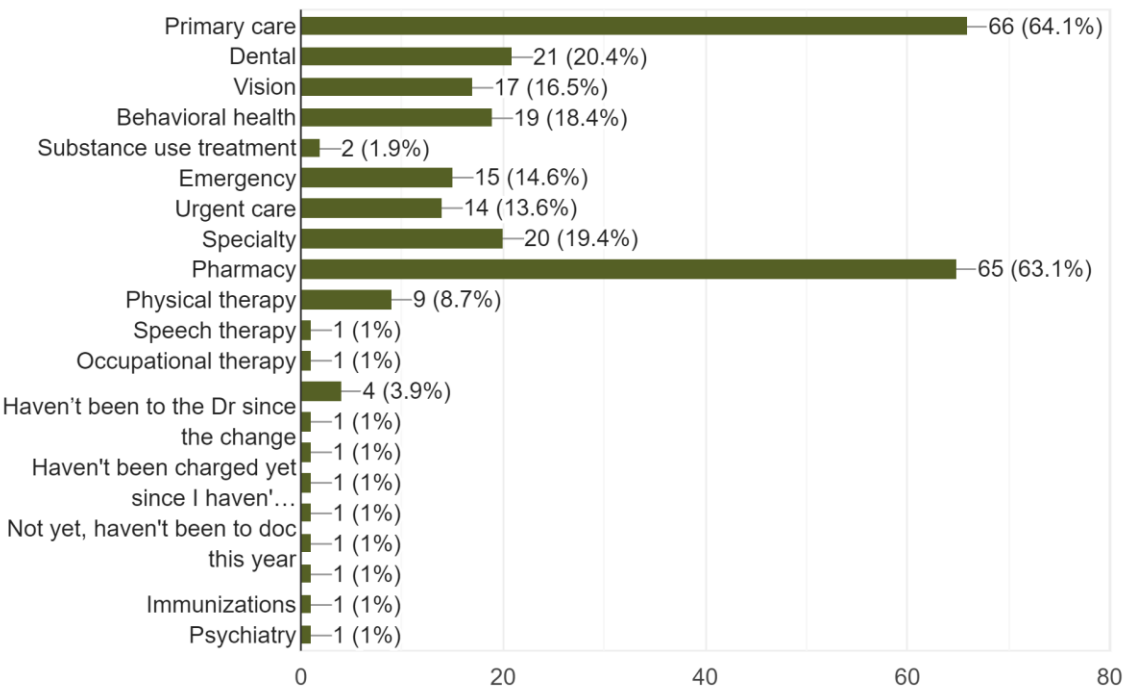
Why do Medicaid copays matter to you?

160 responses



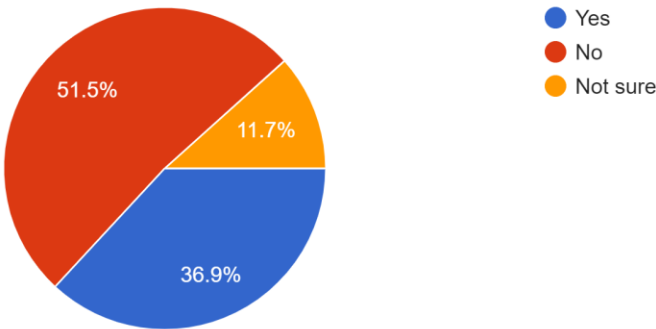
Have you or a family member been charged a copay for any of the following services? (check all that apply)

103 responses



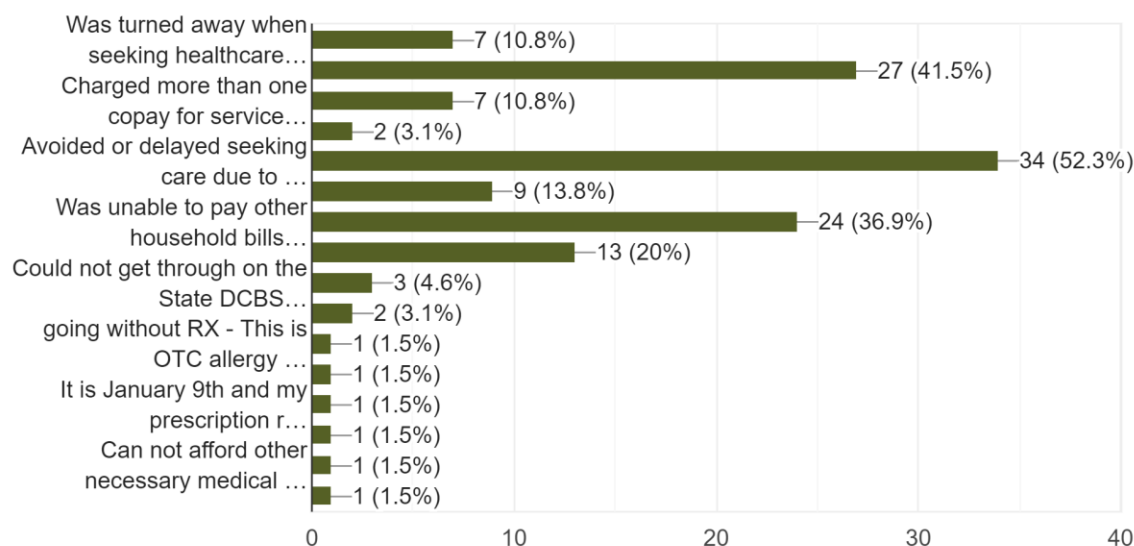
Were you or your family member aware of the copay prior to the visit?

103 responses



Since January 1st, have you or a family member experienced any of the following problems with your coverage because of the mandatory copays?

65 responses



Answer options:

- ☐ Was turned away when seeking healthcare services for inability to pay
- ☐ Was not able to fill one or more prescriptions for inability to pay
- ☐ Charged more than one copay for services received on the same day from the same provider/group
- ☐ Unable to schedule an appointment due to previously unpaid copays
- ☐ Avoided or delayed seeking care due to cost
- ☐ Could not get through on the State hotline for DCBS (Department that determines Medicaid eligibility)
- ☐ Was unable to pay other household bills due to spending the money on needed healthcare or prescriptions
- ☐ N/A
- ☐ Other...

How will copays affect the decisions you or your family make about your healthcare and your budget?

I don't work I have no money for co pays. My illnesses will affect employment.

No

less medicine, more applications to Patient Care and Free Rx programs, however I am now going on 4 months without an EpiPen trying to obtain thru another pharma making a cheaper one. Rumor has it there's a shortage. I am afraid of going into anaphylactic shock and something is worse right now. I suspect LGE is not using their clean air tech because they deregulated it recently. I'm the canary in the coal mine here. Someone please check that out and don't go by air quality that just keeps allowing more pollution/revised reads to be safe. I have only gone into shock on air pollution alert days.

Some medications won't purchase, I have to have my insulin

Reduced and delayed care

Won't be seeing a Dr have no money

Bills end up on disconnection or I go without things so everyone has them

We will have to limit visits and often won't have money for medications needed.

It will cause us to stretch even more do then we already do just to make it month to month.
Do I eat and have a roof? Or do I get healthcare and meds.

Will not keep appointments or fill prescriptions

It will greatly affect our ability to continue our path to better health. The loss of vision insurance will cause my wife to go blind.

Even though I'm a diabetic, I'm currently unemployed due to an ongoing process of seeking disability for the last three years, and I have zero income, so I'll have to utilize the little bit of money my family is able to provide me with to pay utilities and such.x

Co pays deplete an already small budget... a few dollars can make a big difference in seeking care from drs. others than most pressing.

I will need to become aware of the co-pays and make room in my budget for them.

Have to go to less appointments to cut down on costs

Yes it means less money right now for other things like bills, non food items like toilet paper, laundry detergent, cleaning products

I will try to limit my visits and medications.

Will have to make cut-backs since am on limited income.

Probably do without .

Will have to do without food etc, so we can go to doctor.

I have no income. Cannot work for chronic illness and no car. I need life saving medications.

May have to forgo some groceries

Less meds and dr visits.

I will probably forego doctor's appointments since I have zero income. Recently I was diagnosed with seizures and can't work. Not can I get on disability because seizures aren't considered a disability in the traditional sense.

Rationing medicine

Significantly

What bills not to pay in order to pay copay

Not go

It will take away from our minimum wage salaries, we are struggling to survive now as it is.

Not much money to work with so will have to go without needed services

We will have to be cautious when we go so we have the \$ and not short ourselves elsewhere

We are on an extremely tight budget already. We live on my disability pay. My husband is a stay at home dad and my caretaker (I have multiple complex medical problems/disabilities and need help with even the smallest tasks of everyday living). He is diabetic and receives medicaid. He cannot work because he has to care for me and our 3 year old. My husband working would actually put us in the negative (actually costing us money) because we'd have to pay for child care and adult care for me. My pay is roughly a little over \$750 for 3 people. All 3 of us have chronic medical conditions. Co pays mean my husband won't properly be able to manage his diabetes and other his other complex medical problems which will mean medicaid having to pay more for his hospitalizations due to diabetes and it will mean more complications and medical problems for him putting a major strain on our family because he is my caretaker and my son's primary caregiver.

I will not be able to afford doctor appointments or medicine

It's me and my disabled son. My ssi is pending so we live on his income. We can't afford anything, especially health care especially since they cut my sons ssi twice now. He needs his medications because of his mental state. I need health care for numerous health issues with surgeries in my future.

We make \$450 a month after taxes and deductions, grand total. Yes, \$450. I have PTSD, bipolar disorder, general anxiety disorder, ADD, sciatica, and physical disability; without my medications I literally am too afraid to try leave the house, and stairs are impossible. My wife requires hormones and meds for similar mental illness. We also have a six-year-old child to take care of. I wore flip-flops into December so she could eat; if I have to choose between my meds and her food, I will do it again without hesitation, but I cannot function without them. For those of us in poverty, extra barriers to healthcare is ALWAYS an extra burden on a growing mountain of them. \$20 extra per month for required medicine, on top of copays for the actual appointments, is outside our means. This policy will actively prevent us from reaching the routine healthcare we require to be productive citizens.

It's going to make balancing bills even harder.

I won't be able to seek medical treatment.

Decide between food and medical care

If a service or provider isn't covered by Medicaid, my family's issues won't be taken care of until they become emergencies.

I will seek medical help less often because I can't afford it.

Wont be able to go to doc. I live on an ssi check and do not have money for copays.

We will probably have to stop going to regular appointments and stop filling most prescriptions.

Decreased necessary medical coverage

Uncertainty of ability to pay

Yes, we live on a small amount of money per month.

Greatly. Being on disability and a fixed income makes any kind of extra expense very difficult.

May not be able to get some of the needed medicines in order to pay Bill's or not pay Bill's to get medicine.

Can't pay bills, already fixed income. Barely surviving, has approx. \$25 left for food. Leaves lights off and heat down to save on electricity bill.

Live paycheck to paycheck,. If sick between paycheck then I don't go to doctor

Will have to start choosing which medicines I can live without. With all my meds it is costing me about \$30-\$35 a month.

Food or medicine? Which one do I choose? Because my kids eat before I do. Do I have to cancel a doctor's appointment because I don't have the gas because I had to use it on medicine? Last week, I was charged \$5 for prescriptions and as a result, I was unable to buy bread and milk. I am quartering my blood pressure pills to stretch them because I cannot afford the copays and stretching my diabetes test strips by using one every 4 days instead of several per day.

It's hard to get out of being poor when you can't afford doctors and medicine.

Unable to fill monthly prescriptions,

I won't be able to go to the doctors or physical therapy appointments. I'm also a diabetic and see a behavioral therapist and I don't know how I'm suppose to be my co-pays and prescription co-pays

A dollar here or there, or three, might not seem like much, but I do not make a lot. Money is already tight - I need care to continue to be able to work and the stress of wondering if I can afford my therapy or doctor visit, or the medications that keep me healthy, does NOT help me stay healthy. I have already had to delay prescriptions due to not having the funds for the \$1-\$4 copay.

Is there anything else you'd like us to know?

No

I have asthma, lung nodule, Reactive Airway Disease, GERD, hiatal hernia, overactive bladder, and costochondritis.

I am fine with copays. I have Medicaid currently and have had private insurance and ACA coverage over the years. I have a chronic illness and have to seek regular medical care. I know people do not like copays, but most insurance requires it. These copays are insanely cheap and have no deductibles. I will gladly pay my copays without complaining if it means we can keep this insurance. I am fighting now to prove my disability (I am on private disability and am having to prove medically frail.) Copays are the least of my worries. Most people with private insurance have copays much higher than 1-3 dollars. I tend to be more liberally minded and am totally fine with these small copays.

I was denied care for a shoulder injury because the PT (Kort) does not take Medicaid. It was very difficult to find someone for PT. Audobon finally took me and they are great, but now I can't continue my free followups (use of their equipment) because I can't afford to put gas in my tank and it costs me to go twice a week in wear and tear on an old vehicle. If only I could access the gym one block away and do exercise equipment there?

I won't be able to afford several of my medications, won't go to doctor when I am sick.

Making poor people who have nothing for healthcare is cruel. What is the real reason please. Didn't have to pay 3 years ago why now ???

My daughter has a rare genetic condition with multiple health issues my son is on the autism spectrum has major depression and an anxiety disorder. They have many appts each month for care with zero income.

How am I supposed to see a doctor. When I lose money from my Food Stamps because of a COLA increase? A few more COLA increases and I won't have any Food Stamps.

I have Medicaid, I work a minimum wage job. After taxes I only make \$5.85/hr I cannot afford anything else that I have to pay out so I will probably quit going to my Dr. And probably won't be the only one.

What the Governor is doing is cruel.

I'm scared that my health is going to end up becoming much worse because of this cruel and unusual thing that our State is doing to our healthcare system just out of spite of the ACA.

I think individuals with very low income should be exempt.

Copays hurt the poor, which are the majority of the population who has Medicaid

This whole new policy or whatever it is, is very confusing. As a parent of a now 18 year old autistic son and another son that is just 6, I don't know what's expected of me really. Do I have to get a job. With those two, I don't really have the time.

I have been notified that I will be having co-pays beginning the 1st of this year on my prescription medications. As I have 10 prescriptions I must fill each month and most are not generically available I am concerned about meeting my monthly bills since my co-pay will probably be around \$30 monthly. I am already relying on a food bank to eat. I am elderly and disabled and cannot work. I am worried because my sister who is mentally disabled is in the same situation. I guess I will speak with my Doctors and try to opt out of some of my prophylactics which are being used to prevent disease from occurring. Naturally, I am very concerned.

I am mentally ill and disabled and my brother is filling this form out for me.

Turned down for medical transport. Food stamps will not be funded after March due to government shut down. Will further affect my ability to access medical care.

I am afraid I am going to get sick and not be able to seek medical attention.

Most people on Medicaid are already disabled, weather they are getting a check for disability or not. Most are very very poor. It is very sad government will do to put money in their own pocket.

I get that we are viewed as leeches on the system and should start chipping in. I just hate the thoughts of not affording meds or psych appts.

These copays do not give dignity to anyone ..It is just a way to take care away from the poorest oof our citizens

Those how can't afford it, could die due to lack of money

It's real great that I have to pay for something that I can't afford but have to have insurance.

Some folks don't have money for copay. So they may not take children or themselves to doctors

We have chosen to get food and pay bills over medications and considering we both have health issues including diabetes, this is making things rough

Co pays are unfair when you dont make hardly anything and struggle to pay your bills already

I feel anyone on Medicaid should not have copays because there are times you need to see a doctor and can't due to lack of funds because of low paying wages and household bills.

Matt Bevin doesn't comprehend the severity of copays for folks that are disabled and trying to live on SSI or SSDI. He doesn't care because he doesn't have to worry about food, shelter and health care. He needs to go.

This is simply the latest in a long line of prohibitive micromanaging of medical care by people who are not medically trained. Disallowing multiple appointments on the same day is also a recent and dispassionate barrier.

I was never sent a notice that mandatory copays were going to start.

Not able to seek employment .

This should stop. We are poor and cannot pay

This was made much worse by not telling us but just printing it on our new insurance cards. Dishonest!!

If we are on medicaid, it is because we are unable to afford healthcare. Making people who can't afford healthcare, pay mandatory co-pays, is just going to cause them to stop getting medical treatment. Which can lead to poor health, or even death. But honestly, I don't think any government office cares if impoverished families die off.

Poor people are not the answer to solving state budget issues. They are attacking a class of people who already can not stand on their own

Extra stress for us not knowing info

We need help... The gov. is making it harder for us to live

It's sad to see my step mom struggling after she has worked her whole life.

Do not like copays . Do not like Kentucky HEALTH.

I receive SSI and live on that a month. My family household has 4 people. We struggle to pay the bills. Now having to figure out how to also get my medicines.

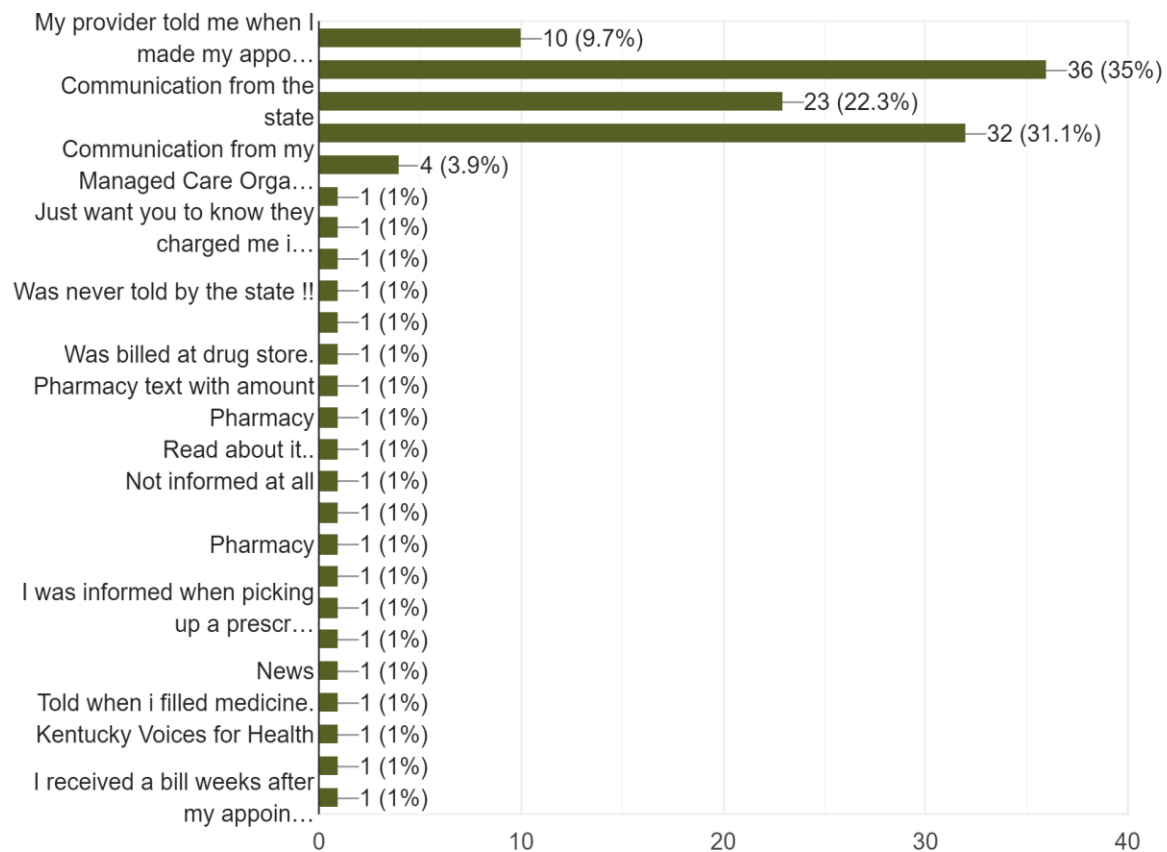
It's very difficult sometimes to come up with a dollar, let alone 4 or 5 or 10.

Copays are hard to pay when on a fixed income

I was not aware of the co-pays at the beginning of the "program", and I do not understand the logic behind the costs. It also feels ridiculous to receive bills weeks/months later for visits that I didn't know I would have a copay for, and surely it can't actually be helping Medicaid or the medical offices to have to track all of this.

How were you or your family member informed you would have to pay a copay?

103 responses

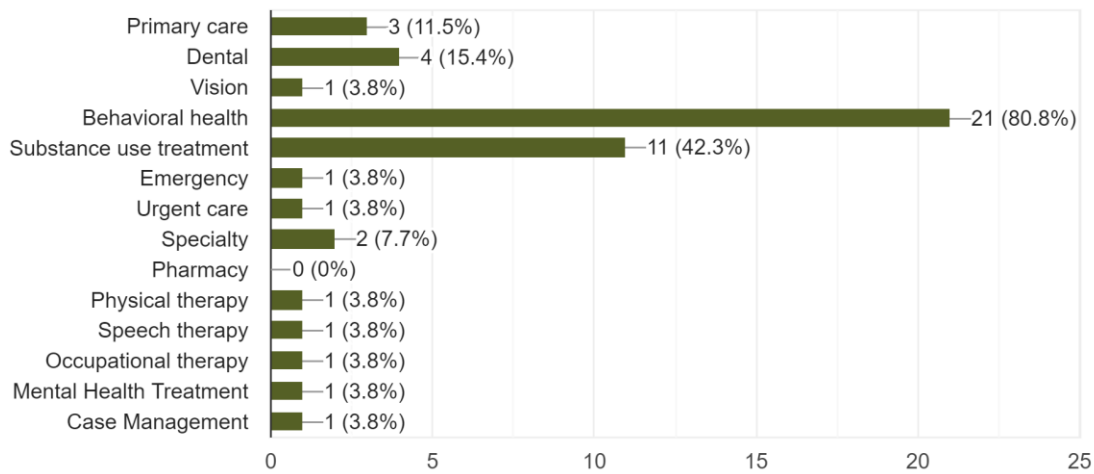


Answer options:

- ☐ My provider told me when I made my appointment
- ☐ My provider told me when I arrived for my appointment
- ☐ Communication from the state
- ☐ Communication from my Managed Care Organization (Aetna, Anthem, Humana-CareSource, Passport, WellCare)
- ☐ Other...

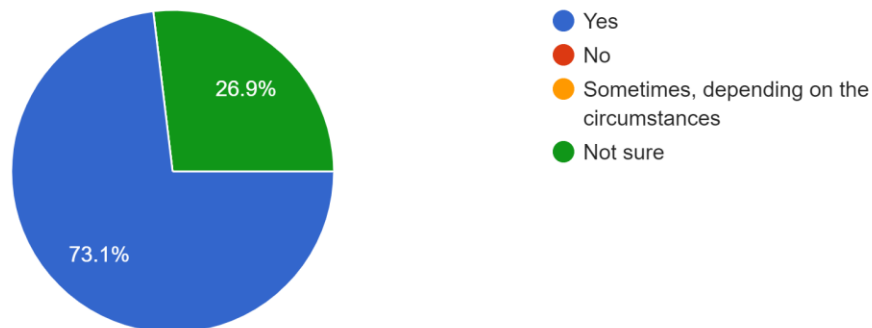
What Medicaid services do you provide? (check all that apply)

26 responses



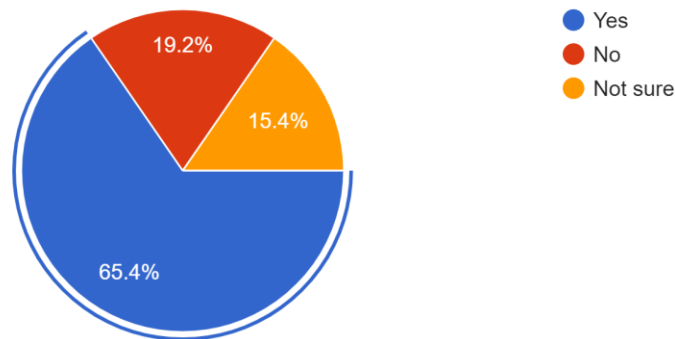
Do you serve Medicaid recipients if they are unable to pay at the time of service?

26 responses



Was your practice informed that Medicaid recipients making at or below 100% FPL (that's about \$12,140 for an individual or \$2... cannot be turned away for inability to pay?

26 responses



What will the impact of mandatory copays be on your practice, the patients you serve, and/or your community?

Copays are difficult to collect. The copay is with-held from providers whether we collect it or not. From what we have seen, it is difficult to determine where the patient is on the poverty guideline. We already get low fees, reducing us another 3 dollars will put extractions at approximately 29.00, there is no profit, this is below the break even point. No new providers can take Medicaid, many of the older ones will have to stop, it will decrease access to care.

A loss of revenue as most Medicaid recipients can't afford copays especially if they attend weekly visits. Not to mention attempting to collect the copays. And I doubt healthcare providers will see them without their copays. Don't kid yourself. So this was meant to punish Medicaid recipients but it will adversely affect the providers

We'll end up eating the copay.

Even though the majority of our clients cannot be turned away due to inability to pay copays a lot of them will reduce services because they do not want a bill. Those that are over the income limit will be rescheduled if they cannot pay their copay. In mental health and substance treatment this is unethical and dangerous!

They will be in me to maintain mental health

Very negative impact

People will put off treatment

Most of our patients say they cannot pay the \$3.00 copay, this will have a negative impact on our clinic, due to decreased reimbursement, with over 50% of our patients being on a Medicaid plan.

I support copay's but for those who refuse to pay will lead to a loss of revenue for our office.

I serve clients in a residential treatment facility with little to no income. If their families are able to send money, they normally need that for hygiene items. This change will cause some clients to either shorten their treatment with me or stop it all together.

The practice will survive. The patients and their communities are the biggest concern as patients have already met a low income eligibility or other measurement tool to obtain Medicaid/Medicare services and the additional charges may not seem much to some (1%) but can affect the consumer to the point of not seeking services needed, which will only compound the issue as it would be delayed to escalate to a crisis point (which in the end will prove to be more costly than eliminating this silly copay in the first place). If a consumer is experiencing significant distress from what is referred to as a Severe Mental Illness and is receiving services through Therapeutic Rehabilitation within mental health agencies more than 1x weekly (as most participate no less than 3x weekly, as much as 5x weekly), those copays quickly add up to the ability (or not) to pay other household responsibilities. This is in no way beneficial for the specific population it was designed to help, but will create additional problems that will "trickle down" to effect the community as a whole as it's citizens are not being properly serviced to . I AM AN ADVOCATE FOR UNIVERSAL HEALTH CARE!!

Because I get paid per service, even at a \$3 per charge absorption it greatly reduces my own income. I'm a provider but I still fall below the poverty line. This seemingly small reduction has a great effect on my own familys quality of life.

Difficult for the clients as some cannot even afford the gas to see me.

Working in community mental health, already seeing clients who were engaged stop coming due to copays or new individuals not returning.

If I make people pay a co-payment they will not come back for much needed therapy or I can ignore the fee and lose money myself.

Most of my clients that have Medicaid barely have enough money to have the gas money to come to the appointment. So Medicaid pays me less and I have clients that legitimately can not afford it. I lose.

We serve very impoverished people who may not participate in services.

Adding additional financial stress into a population that is already significantly impoverished and struggling. This is not helping my practice or my clients in any way, and I am working diligently to improve my client's autonomy.

financial burden

The patients I serve are in a residential substance abuse treatment facility. It is a 6 month treatment center, so my clients are unable to work. The require \$3.00 co-pay is not feasible for most of my clients due to not being able to work.

Reaching client capacity more quickly due to financial burden.

My clients with serious mental illness typically live on SSI and have an annual income well below the poverty level (76% of the poverty level). With an income of \$771 a month there is no excess capacity after rent and basic living expenses. Many of our clients are of have been homeless, have mental illness, often co-occurring substance use disorders, and complicating health conditions. They can be difficult to engage in treatment. Co-pays are a barrier to their willingness to engage in treatment which could result in increased reliance on more expensive emergency services. It could also result in other negative outcomes such as incarceration and return to homelessness.

Clients will not come for treatment if they have co-pays, and they will end up in hospitals, jails, and on the streets.

We are a non-profit serving extremely challenging populations. Our resources are already strained so tracking and collecting co-pays places additional and unnecessary burdens on us. I anticipate that some

clients who desperately need our services will drop out for being unable to make co-pays. It will also increase the debt of people trying to get out of poverty.

Most of our clients have little to no income. It is hard on the client to pay. The practice will have to write off a lot of copay, due to the clients not able to pay. The practice I work for is a non profit and so we have a hard time losing medicaid dollars due to copays.

We will continue to see patients until they have more than \$25 due for past copays and are over 120 days late for payment.

Please tell us how some or all of these changes would affect you, your family, or your community.

Won't get needed care.

People going to ER

None personally. I am more concerned with the work requirements.

This cuts into what grocery and gas money I can come up with. I'll be deciding which medications I can't do without and what I can manage to drop. I'll be pushing back check ins with Drs until there's an urgent need. It takes so many visits and tests to find cause of situation as it is. I'm already homeless and can't afford insurance on my vehicle.

The homeless will be on their own and more will die. I always give a buck because I have a home and they don't. But lots judge them. For me, I'm gonna die without regular health maintenance (RX & PT) just like my car. I can't afford the RX that goes with the 3 dollar visit.

I am currently unemployed and a copay is difficult to come up with.

Well in one way I support the change but only in certain cases. I believe a person's health, medication and income should play a part in who should pay and how often. For instance, if an elderly or disabled person who must receive frequent health care and/or are on multiple medications then there should be more consideration should be taken. However an able bodied, working recipient who may not visit the doctor often and/or doesn't take many or any prescriptions should require the co pay. I go to physical therapy twice a week and see a physician at least once a month or so. These co pays will start to add up for me, however they are considerably less expensive than if regular insurance were available to me. At this point we are able to afford the co pays, but that may be more difficult due to living pay check to pay check.

I am disabled. I cant afford my 14 medications , but must have my insulin and pen needles. And at least one doctor appointment , which means less food

Make it more difficult for disabled people not yet receiving disability funds to get treatment/help.

I don't have money for a co pay won't be seeing the Dr.

Less money for other necessities

Less money is less money you have to cut out something somewhere

Will have to decide what we can do to pay copays with very limited income. Do without on some. Limit visits to doctor also.

Its such a small copay...I am happy to pay it if it helps keep expanded Medicaid

Less money for food and utility bills

We will struggle to live each month

When you have 2 copays at the doctor office and 2 copays at the pharmacy that soon adds up when you are on fixed income some copays are like \$25.00 at the doctors office so it is a decision either food, electricity, or doctors and medications

Less money to live on is going to cause us to have to make a choice of much needed food n housing. Or much needed healthcare.

It will keep me from going to the doctor even tho with my chronic illnesses I'm supposed to be seen every 3 months. But if I have to pay Co pays for visits and prescriptions, I won't be able to afford them. I'm trying to survive on \$803 a month and my mortgage is more than half that. Guess I'll either have to sell my house or just die.

Everyone has to do Co pays. Why should Medicaid OR Medicare be any different.. aAfter all, after Co pay you get free health care. Unlike a lot of the general public.

First -i have zero income and was told that I could NOT be charged more than 5 percent of my income. if my math is right -5 percent of 0 is zero. i have spent numerous hours on the phone with the insurance company and the state. no one knows the answer.

We already have to stretch every dollar to make make ends meet and feed our children, this will just burden us even more.

I was on Medicaid and cut off and thrown into Medicare . Yes there is an increase in Ssdi, but now it takes the increase plus additional funds and now cut off from the WellCare monthly \$10 allotment for Otc items, which I was not notified of until I tried to place an order in addition to the copays. I will now have to lessen my doctor and specialist visits and cut out some of my medications and probably donate a kidney to make ends meet. I don't even get snap cause I've always tried to limit the expenses, but now, I may have to apply for that just to stay afloat. It saddens me that those of us that are in true need are being kicked to the curb and may loose our houses because of this. Fire Matt Bevin!

It's going to be longer between visits and med. Refills

A lot of people will be going without needed medications because they simply can't afford the copays.

As an ED nurse I already see pts with acute exacerbations of chronic conditions because they can't afford their medication. These pts are on medicaid and/or Medicare. A copay is an added burden. If they skip doctor care because of a copay under these conditions they die.

It's not difficult to understand that lack of healthcare equals a lack of health.

With an inability to pay, I'm afraid I'll end up hospitalized, which will cost more.

Unaffordable rx. Unaffordable tests unaffordable care other than primary.

I am 56 years old, disabled and have no income at all. With what part of \$0 am I going to pay a copay?

I hope that paying copays will ensure that this health insurance remains available to me. I cannot afford anything else.

Many of the clients who my organization serves will experience confusion and either delay or forgo preventive and curative medical visits, which may lead to increased utilization of the ER and further increased health care costs. This is not only a financial burden for clients seeking healthcare but will lead to increased fiscal stress for our state healthcare system. Healthcare should be considered a human right and therefore we should be working toward increased accessibility rather than implementing more barriers.

I know people that have a very hard time paying a copay and go without

My mom has passed now, but she was so sick in the last year, there's no way she could have paid that much at each dr. If Medicare is paying, then they should be happy with the amount of money they are getting.

People who are eligible for Medicaid are extremely low income or have a catastrophic illness and cannot afford an additional expense. They will have to give up nutrition, heating, etc....necessities!

Have to cut down on the amount of doctor appointments I usually have to cut costs

Co-pays can be prohibitive to wellness. People who can not afford co-pays will wait to seek healthcare until there is a serious problem that may result in a need for extensive medical care and hospitalization resulting higher health care fees for all.

These changes are at best difficult for us to implement. My husband works long hours I, and I primarily take and pick up our boys from school. The school is about 30 minutes away. If I had to work to it would have to be a job that is during school hours. That's is difficult to do too. Plus the time I need helping our youngest with homework and getting supper ready. 9 pm is our youngest child bedtime, and it's hard now with not working to to all of this. They both have plenty of doctors appts as well. I just dont have the EXTRA time. Lastly, my oldest is a high functioning autistic, and needs me often as he is closest to me. Austin kids will generally cling to 1 person over others even the other parent.

Please see previous answers.

Will make it difficult to pay monthly bills and pay co-pays. We barely get by now. We rely upon Snap benefits and food bank already.

Poor people do not have money to pay for services we get because we are poor.

We won't be able to get our medications on time or will have to skip some, won't be able to get some urgent care, I will have to skip some appointments.

It is a barrier to service. Going to therapy multiple times per week the \$4 copay can add up. And taking several medications even a \$1 copay adds up. It may not seem like much but there are times at the end of a pay period where our bank account is at or below \$0.

I have 11 meds plus diabetic supplies which may total up to \$50

Hard to pay

I have 0 income.

I can barely survive on my very small income as it is. I get 800.00 per month from child support and alimony. I'm unable to work because of chronic illness, but also unable to get disability. Every single penny of my monthly income is already budgeted for so that I can survive.

with co pays less tax payer money will have to be spent, all insurance has co pays, Medicaid should be no different, they already don't have to pay a monthly premium, they should have always had copays

Just have to pray we won't get sick.

Makes us even poorer than we already are...

Money would be even tighter.

Leaves less for food gas and utilities.

There are so many people in my community who have multiple health issues and won't be able to pay all the copays. Choosing food or taking care of your health is tough. Dont need to worry about possible homelessness too

The people that can't pay will cancel appointments and not take medications since they can't afford to.

I don't like going to the doctors to begin with, now it will be even less, because the money I spend on copays, could be used on other bills

Inability to pay for copays so I would go with out medicine or seeing a provider for necessary things or when I got or kids got sick

Needing to go to doctor. Not going because it's too close to check time..Then needing stinger care or meds because you couldn't go..

We are on fixed income. Co pays determine if we go or miss visit.

We cancelled a scheduled follow up at our diabetic specialist because we couldn't afford the copay between paychecks and it will be months before they have another opening

It hurts the people needing help. I was one of those people previously

Priorities of bills

Not enough money

It would take away from those who are already struggling to make ends meet.

I will put off going see Dr when sick which in turn could hurt my health problems.

Very few people are on Medicaid to abuse the system. Most are desperately poor and any extra expense is an unnecessary hardship.

Not enough income so would have to go without needed care

it does not impact my immediate family right now. but it would have impacted my husband's widowed aunt after her husband died. she passed about 5 years ago but i know there are other people in this same situation

Less \$ for household expenses

I am waiting for my disability case to be decided on. I can't work. The only income I have is child support. It's difficult to make ends meet.

They aren't as bad as my other family's copays. Very low in comparison. Its fair

My husband is my care taker and primary care giver to our son. If we cannot afford his care and medication he will end up hospitalized which leaves my son and I without care. For me that would most likely mean going into a nursing home to get the needed amount of care. Our son would probably go between his grandparents putting a lot of strain on them. It would leave my son and I without a caretaker, put our family in a very rough spot, and cost our community a lot more money for him being hospitalized and me being in a nursing home. It makes more sense to let my husband get the less expensive primary care and medications he needs than for both of us to need super expensive inpatient care.

I feel that less people will receive services because they can't afford the copays.

a lot of people will not get the health care they deserve because of cost

When you have very little income to begin with, you have to make very hard decisions on what to get: food, shelter, clothing, medications, and it shouldn't be that way. We are all humans and healthcare should be a human right!

These changes will actively prevent myself, my family, and my community from accessing the routine and mundane healthcare that is absolutely required to keep people satisfied and productive citizens of society. If you legislate your workforce to literal death, who will pay for your fancy, warm homes? Remember me when you lay down in your comfortable bedding tonight, Bevin. I'll be here, sleeping on the floor, sick, and too poor to afford health. Gods save us from politicians; they demand we live up to their expectations without first knowing or caring how we even survive.

Cost us more money, but also make us think about our medical decisions. When it is free we just go all the time even if we don't need to, because it feels like it doesn't cost anything. However, I know it costs others to pay for my child's visit. Knowing that we have to pay and it costs us, then we make sure we only go to Dr. when we really think it is necessary and not for every little sniffle. Also encourages us to eat healthier and keep hands clean to avoid germs that will cause us to get sick and costs us money to go to the Dr. It makes us have more of a reason to care about our health, which is a great thing.

I've had to take up collecting change wherever I can get it to pay the copays for my medication. Money is incredibly tight right now and this isn't helping.

Be cause of low income I will not be able to see a doctor if I need to pay copays

very hard for us

Its really hard when you do not have a lot of money. It may not seem like a lot but it adds up.

A co-pay (and the uncertainty surrounding its cost differing by provider & type of service) prevents my family & many others from getting care when they need it. The cost of an cavity triples to the cost of a root canal a few years later. Being turned away from a non-Medicaid provider for maintenance immunizations, turns into more illnesses down the road. These co-pays add more to slow down the process of receiving care (by adding cost without setting standards for who will charge that cost & providing who will accept your insurance at all). This fear & uncertainty only benefits those who profit off our health care system and does nothing to address the incredible need for free access to preventive services our community needs.

we will go to the doctor less until illness gets serious

My spouse is incapacitated because he is mentally unfit to work due to severe mental health disorders. My son is disabled and we are living on little money. We cannot afford these copays. It is really hurting us.

Already we have had to let some prescriptions go unfilled. And I've been unable to get much needed health care and tests.

Won't be able to make it to all mine and the kids Dr. Appointment.

My mother is fighting for disability and has no income. She is unable to work. This is putting increased financial stress on our family to try to ensure she is taken care of

My mother is fighting for disability and has no income. She is unable to work. This is putting increased financial stress on our family to try to ensure she is taken care of

Likely to postpone medical visit or purchase of medications if don't have money for copay

The ER will be used more as we become sicker. Many will not seek preventative care due to lack of money.

Mandatory Copay's are important on creating parity between Commercial and Medicaid patients. The new copay's are so low, it should really be raised some. It is a reminder that health care does have a true cost and having a small copay is helpful.

I just don't have much money to live on and I can't afford to go to the doctor now as is.

Patients below poverty level are being denied RX if they don't have the co-pay. Case managers are seeing this every day. It just leads to ER visits and increases costs. Some have died!

not really affecting any

Some can't afford co-pays on a fixed income therefore leaving them to choose to get the help they need or use what money they do have for food or anything else to survive.

Affects ability to pay for other needs

Will have to either pay bills/buy groceries or go to dr & get medicine

Many individuals will have to do without there bare necessities, food and electricity be there first choice. I just don't understand.

Co pays will reduce number of families able to enroll, thus reducing care, and putting at risk our hospitals and clinics who do provide care. It will make more folks sicker and basically kill people. I wonder if the state government workers want to be know as "killers"

As a case manager, I work very closely with clients who have little to no income. The copays affect them by causing them to make the choice of healthcare versus food or another necessary expense. Clients are choosing to cancel appointments because they do not have the copay, so they are either not going to appointments for the care their physicians think they need, or they are prolonging the appointments and possibly making a situation worse.

My family does have income, so we are able to make adjustments for the copays. We are also fortunate to not have a lot of medical expenses. However, my concern is for others who have many prescriptions or medical devices, such as oxygen or things like that, that would really add up to a large amount in copays over the course of a month. This is especially troublesome for large families. I am also very concerned about the copays for substance abuse services. Many times a person might be ready to take the step toward treatment and recovery. This can be a precarious time for an individual and I would hate to imagine something like a \$50 copay holding someone back from receiving the help they need and desire. \$50 might not sound like a lot to many people, but it might as well be a million if you don't have it.

Copays are scary because I never know how much they will be. Not sure I should keep appointment. I have several friends in same situation.

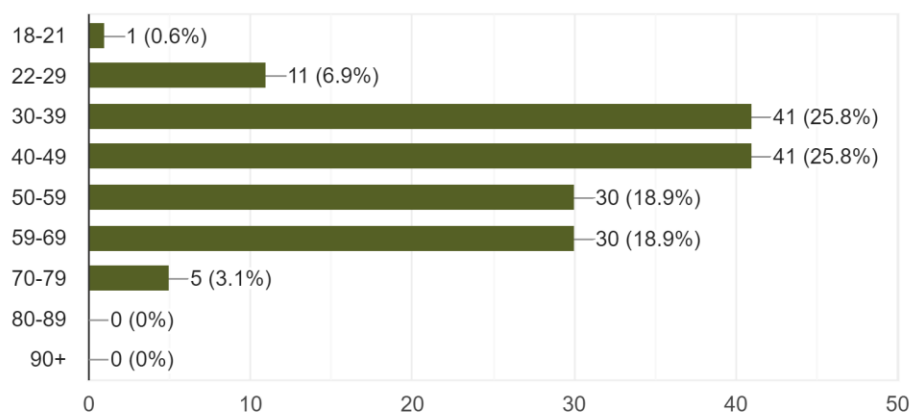
As an advocate for Domestic Violence Victims women in abusive relationships have the inability to pay copays.

Mandatory co-pays may, on the surface, seem like a good idea - they give people a financial stake in their healthcare, it prepares people for the world of private insurance, etc. However, the reality is that it simply makes it more difficult for some of our most vulnerable citizens to obtain healthcare. The typical result, that I have seen as a community social worker, is that people simply won't get the healthcare they need. This sets them up for a health care crisis later on down the road which is much more expensive and/or they just live with always feeling "not so good" which decreases their productivity and the ability they have to add economic value to their own household as well as the community as a whole and/or it unnecessarily shortens their life. In addition, this can have negative impacts on healthcare providers. I work part-time at a clinic whose mission is to make healthcare available for everyone in our community. Our clinic will continue to serve our patients whether they are able to make their co-pay or not - at least for the foreseeable future, however, this will have a negative impact on our overall budget and will make it more difficult for us to pursue other quality initiatives.

I serve kids in the public school system. I seek linkage to services/ resources for students and their families everyday. My schools have significant base of working poor and Medicaid recipients or eligible for Medicaid individuals and families.

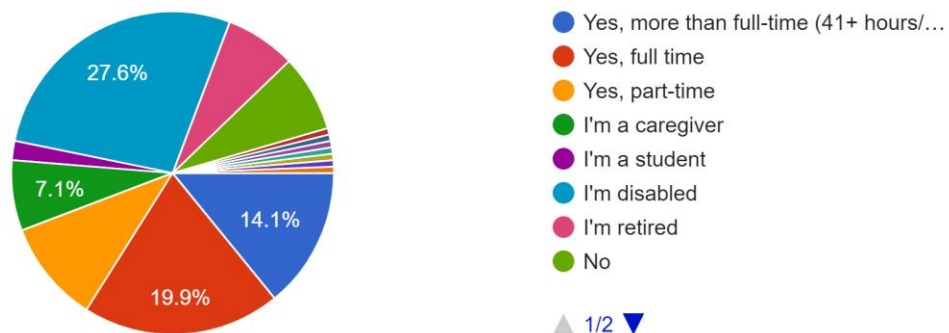
How old are you?

159 responses



Do you work?

156 responses



In what county do you live?

