

October 31, 2013

Justin Senior  
State Medicaid Director  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

Re: Extension of Florida's Managed Medical Assistance (MMA) Waiver (Project Number 11-W-00206/4)

Dear Mr. Senior:

Dialysis Patient Citizens (DPC) appreciates the opportunity to provide the Agency for Health Care Administration with comments on extension of the managed care waiver. As America's largest patient-led organization representing dialysis patients, DPC's membership consists of more than 26,000 end stage renal disease (ESRD) patients and their families. We seek to ensure the patient point of view is considered by policy makers on a wide range of issues so forward progress continues in the quality of care and life for all dialysis patients.

DPC's mission is to improve the quality of life of dialysis patients by engaging policy makers, providers and the public. Through patient education, empowerment and advocacy, we work to increase awareness about kidney disease and promote favorable public policy. However, improving quality of life for patients can only go so far without improving the quality of care patients receive. DPC knows that a diagnosis of ESRD does not mean the end of life. Dialysis patients can lead long and productive lives because Congress and states have shown commitment to ensuring patients have access to quality kidney care.

According to U.S. Renal Data System, about 32 percent of dialysis patients are dually eligible for Medicare and Medicaid. As with all patients in the duals population, ESRD patients are vulnerable to receiving disjointed and inefficient care. We hope that scaling up Medicaid managed care in Florida will be an avenue to improving their care by making it more effective and patient-centered.

Medicaid laws and regulations permit nominal co-payments. However, dialysis patients are obligated to spend much more time with providers than the average beneficiary. They require three treatments every week. As such, co-pays assessed per visit to a physician or dialysis clinic,

or per trip to and from dialysis treatment, can quickly add up to a substantial amount. Unlike services such as emergency rooms, there is no risk of these treatments being inappropriately used. We urge that managed care organizations be prohibited from charging copayments on a per dialysis treatment basis or for transportation to and from dialysis treatments.

Patients should also be guaranteed access to their choice of nearby dialysis clinics. One advantage of Medicare's administered pricing system is that facilities must compete on the basis of quality, convenience and patient experience. We understand that managed care contemplates the ability of a health plan to limit its network based on its judgment of quality and efficiency. But patients should have a choice of health plans that encompasses a choice of dialysis facilities, if not within a plan then at the very least when choosing among plans.

Finally, it is sometimes overlooked that waivers under Section 1115 are for "demonstrations" and demonstration projects are supposed to be evaluated. We hope the Agency will closely monitor implementation as it impacts the ESRD population and commission a rigorous evaluation to determine whether outcomes for dialysis patients are improving in the managed care setting.

Thank you again for your consideration of our comments and concerns. If you have any questions or would like additional information, please do not hesitate to contact me or our Government Affairs Director Jackson Williams (at 202-789-6931 or [jwilliams@dialysispatients.org](mailto:jwilliams@dialysispatients.org)).

Sincerely,

A handwritten signature in black ink, appearing to read "Hrant Jamgochian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Hrant Jamgochian, J.D., LL.M.  
Executive Director



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

November 20, 2013

Hrant Jamgochian, J.D., L.L.M.  
Executive Director  
Dialysis Patient Citizens  
122 C Street, NW, Suite 510  
Washington, D.C. 20001

Dear Mr. Jamgochian:

Thank you for your letter regarding the extension of Florida's 1115 Managed Medical Assistance Waiver. The Agency for Health Care Administration (Agency) thanks you for advocating for the quality of care and life for all dialysis patients.

Your letter expresses concern regarding copayments and the impact this fee could have on dialysis patients who often have to seek treatment multiple times per week. Many of the managed care plans selected to provide care through the Managed Medical Assistance (MMA) component of Statwide Medicaid Managed Care are waiving some or all of the copayment requirements for enrollees.

You have also expressed a concern about whether enrollees will have access to dialysis centers under the MMA program. Recipients will be able to select a managed medical assistance plan in their region that has the service providers that are important to them. To assist in their decision making, enrollees will have access to a list of available dialysis centers in each plan's network. Recipients can select the plan whose network includes the dialysis center best meeting their needs in terms of convenience of location and personal experience or preference.

Again, I thank you for your concern for those recipients receiving dialysis treatments. To assure enrollees receive quality care the Agency will continue to monitor and evaluate the outcomes achieved through the Statewide Medicaid Managed Care program. If you have further questions, please contact Shevaun Harris, Chief of Medicaid Services at (850) 412-4191.

Sincerely,

Justin M. Senior  
Deputy Secretary for Medicaid

JMS/jk

