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June 5, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

**RE: Florida Section 1115 Waiver Amendment Request**

Dear Administrator Verma:

AARP welcomes the opportunity to submit comments on the State of Florida's proposed 1115 Demonstration Waiver amendment application. AARP, with its nearly 38 million members in all 50 States, the District of Columbia, and the U.S. territories, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

AARP believes Florida's proposal to limit retroactive eligibility to the month of application would adversely impact a large number of Florida's Medicaid recipients, including individuals who rely on Medicaid for long-term services and supports. Eliminating retroactive coverage would likely lead to diminished access to needed care, and lead to worse health outcomes. In addition, lack of retroactive coverage could create significant financial hardship for many low-income people who experience an unexpected health crisis, saddling them and their families with bills they are unable to pay. Finally, eliminating retroactive coverage would increase Florida's uncompensated care costs and could diminish provider participation in Medicaid.

Under current law, individuals receive Medicaid coverage for eligible expenses incurred up to three months prior to the month of application. Florida's 1115 Waiver amendment seeks federal approval to limit retroactive eligibility to the first day of the month in which an individual's Medicaid application is filed. AARP believes CMS should not allow the state to adopt this change to longstanding Medicaid law and policy, and instead require Florida to retain retroactive coverage as set forth under its current Medicaid waiver.

Without retroactive coverage, beneficiaries and providers will suffer. Future enrollees, already financially constrained, could incur additional medical debt exacerbated by an inability to take advantage of more favorable provider reimbursement rates paid by Medicaid. Moreover, future applicants may forego needed care, resulting in higher medical costs than would otherwise be the case were their care covered by Medicaid. For example, individuals who, under Florida's current waiver reimbursement standards, could see Medicaid providers for their symptoms, may let their conditions deteriorate, forcing them later to seek emergency room care at an increased costs for the Medicaid system.

In addition, limitations on retroactive coverage would increase uncompensated care burdens on providers. As a result, many providers may be reluctant to or may refuse to provide care if the three-month retroactive Medicaid eligibility standard is no longer in place, and patients will be forced to forgo needed care.

### **Conclusion**

AARP strongly urges CMS and the State of Florida to work together to address the concerns we have raised and carefully reconsider the reduction of retroactive coverage that will adversely affect many Floridians, health care providers, and Florida's taxpayers.

Thank you for the opportunity to comment on the proposed Florida 1115 Waiver amendment. If you have any questions, please contact me or Amy Kelbick on AARP's Government Affairs staff at [akelbick@aarp.org](mailto:akelbick@aarp.org) or 202-434-2648.

Sincerely,

A handwritten signature in black ink that reads "David Certner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

David Certner  
Legislative Counsel & Legislative Policy Director  
Government Affairs