November 7th, 2022

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Attention: RIN 0938-AU00

Submitted online via https://www.regulations.gov

RE: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes Proposed Rule

Dear Administrator Brooks-LaSure:

United States of Care (USofCare) is pleased to submit the following comments to the Centers for Medicare & Medicaid Services (CMS) on the "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" proposed rule.

USofCare is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We drive change at the state and federal level, in partnership with everyday people, business leaders, health care innovators, fellow advocates, and policymakers. Together, we advocate for new solutions to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. After listening to people tell us about their needs for their health care, USofCare recently released a set of twelve concrete and achievable aims, known as our United Solutions for Care, to help us build a better and more equitable health system.

These twelve solutions are derived from four goals for the health care system that continuously rose to the top when talking to people around the country about what works and what is lacking in their health care. Two of these goals for the health care system are that people should have health care they can depend on as life changes and a health care system that is understandable and easy to navigate.

Background

Medicaid has a long history of providing coverage to people who are low-income and/or disabled, improving access to care, and bettering health outcomes. Given the importance of Medicaid as the nation's health care safety net, **USofCare is strongly supportive of CMS's efforts to improve the Medicaid eligibility and enrollment processes and the retention of those enrolled in Medicaid as outlined in the proposed rule.** Barriers to enrolling and maintaining coverage affect continuity of care and costs states and the federal government money. The proposed rule has the potential to also improve the experience of Medicaid enrollees by giving people more certainty about their coverage and eliminating burdensome processes that cause people to lose or have gaps in this coverage.

A majority of low-income families in America receive their health care coverage through Medicaid, and that number has only increased since the start of the pandemic. Medicaid and CHIP also disproportionately benefit people of color, with over half of children who are Black and Hispanic enrolled in Medicaid and CHIP prior to the pandemic. These programs are a crucial tool to address health inequities and to fill the access gaps in how health care is delivered in the United States.

Changes proposed in this rule would ensure people don't fall through the cracks, especially when the public health emergency (PHE) ends in 2023. When the PHE ends, and along with it the continuous coverage requirement, states will be required to undergo a lengthy redetermination process for all beneficiaries. Many people eligible for Medicaid will likely lose or have gaps in coverage through no fault of their own, due to barriers such as burdensome paperwork, lack of awareness of their eligibility, and fluctuations in income. Prior to the continuous coverage requirement, people were experiencing the harmful effects of "churning" on and off Medicaid coverage. Estimates from before the pandemic show that 1 in 10 Medicaid enrollees disenrolled and re-enrolled in Medicaid in less than a year. Churn has been shown to result in disruptions of treatment as well as higher administrative costs and less predictable state expenditures. These barriers to care will become very present again at the end of the PHE. USofCare supports the proposals in this rule that will ease the burdens of maintaining coverage for many.

What's more, as of 2021, more than 7 million people remained eligible yet but not enrolled in Medicaid. There is an opportunity to ease these burdens by streamlining the eligibility and enrollment processes and removing other barriers to coverage as addressed by this proposed rule and actions of th Biden Administration.

USofCare applauds the Biden Administration for enacting the January 2021 Executive Order to strengthen Medicaid and the Affordable Care Act (ACA) and the follow-up April 2022 Executive Order that expanded the direction to agencies to review further actions to strengthen access to health coverage.

Access to Medicaid and CHIP is one of the predominant factors in determining the health of communities, especially communities of color, across the country. Combined, the programs disproportionately benefit people of color, who make up a larger percentage of Medicaid enrollees than in the general population. **USofCare applauds CMS's decision to expand on recent coverage gains by prioritizing efforts to expand access by removing barriers to coverage as outlined in the proposed rule, which will benefit historically marginalized communities and all people enrolled in Medicaid and CHIP.** Our comments focus on all four sections of the proposed rule:

1) **Streamlining Enrollment.** USofCare strongly supports aligning the enrollment and renewal policy process for people who are seniors and/or have disabilities with that of other Medicaid populations to simplify these processes for people and states.
2) **Improving Enrollee Retention.** Medicaid remains a lifeline to coverage for millions, yet many people are unaware they are eligible for Medicaid or lose or have gaps in coverage despite still being eligible. USofCare strongly supports efforts to make it easier for people eligible for Medicaid to stay enrolled in Medicaid.
3) **Eliminating Barriers to Coverage in CHIP.** USofCare strongly supports removing policies such as waiting periods, coverage lockouts, and/or annual or lifetime caps on coverage for children enrolled in separate CHIP programs in order to align CHIP policies with those found in other coverage options, including Medicaid and marketplace coverage.

4) **Enhancing Integrity of Medicaid and CHIP.** Given that Medicaid is a joint state and federal program, it is critical that state agencies operate in a timely fashion when determining people's Medicaid redetermination status. USofCare strongly supports uniform timeliness standards to ensure people have enough time to submit relevant redetermination information to state agencies.

The following sections highlight USofCare's positions on these focus areas.

Streamlining Enrollment

USofCare supports efforts to standardize enrollment and renewal policy processes for people who are seniors and/or have disabilities with the remaining Medicaid-eligible population. The ACA created a new standard for Medicaid eligibility for most adults and children based on Modified Adjusted Gross Income (MAGI), which uses a person's taxable income to determine whether someone is Medicaid-eligible. While this simplified much of the enrollment process for most people, it left in place some existing, more burdensome, standards for people who are eligible for Medicaid not solely due to income. These include people who are seniors and/or people who have a disability. The proposed rule would implement the MAGI standards for the rest of the Medicaid-eligible population by streamlining the process for both states and people. This includes eliminating mandatory in-person interviews, using pre-populated renewal forms with peoples' existing information, and disallowing eligibility redeterminations from taking place more than once annually, among other measures.

Taken together, these simplification measures reduce the number of steps required of people to enroll in and maintain Medicaid coverage while also reducing states' administration burden and subsequent costs. The cost to disenroll and re-enroll a person due to churn can reach $600 on top of countless hours of administrative time - resources that could be better spent ensuring that proper processes are in place to streamline enrollment and renewal processes and reduce these costs in the first place.

> "People need to be able to understand for themselves - every time open enrollment period rolls around, you're like apples, zebras, and aliens, seriously. People need to be able to sit down with plain language with side-by-side comparisons to make informed choices."
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> -White man living in New York.

USofCare supports additional efforts to improve and streamline specific programs' enrollment processes, including for people who receive home- and community-based services (HCBS) and people enrolled in Medicare. In this section, the proposed rule addresses people who are "medically needy" and who largely have incomes above Medicaid's eligibility threshold. Despite their income, people in this category have high medical expenses that, when deducted from their income, meet a state's medically needy threshold to qualify for Medicaid coverage. The proposed rule aligns criteria for people receiving HCBS with those in institutionalized settings by allowing people--no matter their care setting--to estimate their anticipated care costs ahead of time in order to meet Medicaid eligibility standards and maintain continuous coverage. Treating these two care settings interchangeably for the purposes of Medicaid eligibility will better reflect the greater trend of Medicaid long-term services and supports (LTSS) spending toward HCBS more broadly and benefit people looking to receive care in the comfort and convenience of their own home or community.

> "It's just astonishing to me that you can't just go to a government website and type in where to get teeth from or how to find a low-cost dentist. I know they [dentists] offer credit cards like care cards, but it seems like everything always goes back to debt systems… Where can someone go to understand where to find assistance for teeth or cancer or just things that affect older people?"
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> -White man caregiver living in Chicago, Illinois

The proposed rule also streamlines the enrollment process for the Medicare Savings Programs (MSPs), in which Medicaid pays for people's Medicare premiums and some cost-sharing. Unfortunately, only about half of all people enrolled in Medicare who are MSPs-eligible have one. To address this lack of uptake, the proposed rule would align the eligibility and enrollment process for Medicare's Low-Income Subsidy (LIS) with MSP eligibility, increasing MSPs' uptake and saving people enrolled in Medicare the $170 monthly premium and select forms of cost-sharing. Lessening the financial cost for low-income people struggling to pay their Part B premiums can free up family budgets for other essentials beyond medical care, including food, rent, and other daily costs.

Improving Enrollee Retention

USofCare supports language in the proposed rule that streamlines the process for children transitioning between Medicaid and CHIP to ensure continuity of coverage. Many people who receive notices of their child's disenrollment in one program are often not aware of their eligibility in another. The proposed rule requires determinations made by one be accepted by the other to cut down on any lapse in coverage during the transition, which currently affects approximately one in five children. The rule also requires any notice of disenrollment from one program to also include information about their eligibility for another, which will better inform people looking to make critical health coverage decisions for their families.

> "It [insurance coverage] was a factor for me because when I first moved back here from Atlanta, the doctor's office would not accept my insurance. Because of this, there was a period when I did not have insurance that was accepted in this area and they [health care professionals at various facilities] would not see me."
>
> -Black woman living in Vance, South Carolina

USofCare supports new requirements in the proposed rule requiring states to check other data before terminating people's coverage because of returned mail. In 2020, nearly 10% of Medicaid enrollees moved in-state. Despite this, many states disenroll people from Medicaid due to returned mail, even if the move is in-state and despite not knowing whether or not that person is still eligible for Medicaid coverage. The proposed rule's requirement that states must check additional data sources, such as a managed care plan or the USPS National Change of Address (NCOA) database, to identify any potential updated mailing address will ensure that people receive critical information about their coverage and other decisions regarding their Medicaid coverage.

Eliminating Barriers to Coverage in CHIP

USofCare strongly supports eliminating the ability of states to impose policies, such as waiting periods or lockouts, within CHIP. More than seven million people are enrolled in separate CHIP programs nationwide, yet many may be subjected to restrictive

policies such as 90-day CHIP waiting periods and coverage lockouts following nonpayment of premiums - both of which pose serious barriers to coverage. Gaps in coverage can be particularly harmful to child health and development, add unnecessary complexity and administrative burden to state Medicaid agencies, and may increase the risk that children or other people lose coverage entirely. The proposed rule prohibits states from implementing these policies and aligns separate CHIP programs with standards already in place in Medicaid or on marketplace exchanges.

USofCare strongly supports the elimination of annual and lifetime limits on CHIP benefits. While no state currently imposes aggregate annual and lifetime limits on benefits, several states do on specific benefits. The proposed rule's policy to eliminate annual and lifetime limits on both individual benefits as well as all benefits in the aggregate brings it into alignment with Medicaid and the marketplace exchanges. **Of note, the proposed rule still allows states to place non-financial limits on specific benefits, such as the number of primary care visits covered every year, and we encourage CMS to revisit this limitation to ensure they do not provide a deterrent to seeking care, especially for low-income families.**

Enhancing Integrity of Medicaid and CHIP

USofCare strongly supports clarifying existing policy for state agency timeliness standards to cover Medicaid renewals and people's changes in circumstances. Current regulations only require states to respond in a timely manner to an applicant's initial Medicaid application; the proposed rule would apply the same turnaround times to people's coverage renewals and/or any reported changes in circumstances. However, we suggest CMS revisit all timeliness standards given the wide variation across state Medicaid agencies' application processing times, signaling the need for more standardization. Requiring more prompt action by state agencies allows people to maintain coverage more easily and to be informed early in order to make informed decisions about other coverage options if they are no longer eligible.

The proposed rule also updates the eligibility and enrollment documentation required to be collected by states. **While USofCare supports the proposed rule's desire to modernize this data collection and storing process, we encourage CMS to do so in a way that doesn't jeopardize undocumented immigrants' access to care in states where they are eligible for Medicaid.** Approximately three-quarters of people who are undocumented in this country are Latino, many of whom experience greater levels of distrust towards the government due to their immigration status, which may lead to them avoiding government-run health programs including Medicaid. Any changes or updates to documentation collection and storage must take this hesitancy into account and not push this population further away from health care coverage.

Recommendations

As we approach the expected end of the PHE and states begin processing more than two years of redeterminations and renewals, **USofCare urges CMS to consider additional measures to make sure people don't lose coverage during this time.** Many states have completed extensive work to inform people about the upcoming changes to coverage and the need to update their contact information, and we remain encouraged by CMS's recent approval of Oregon's updated Section 1115 demonstration waiver that, for the first time, extends continuous coverage for all children under age six, in addition to two years of continuous eligibility for

people age six and older. The benefits of continuous Medicaid coverage are clear - people are able to remain covered despite temporary changes in income and states are able to earn significant savings by reducing enrollee churn and administrative costs.

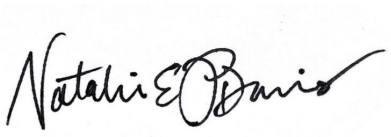
We encourage CMS to approve these and other state waivers that promote and expand access to continuous coverage, including state waivers to expand coverage for women and pregnant people 12 months postpartum, and are supportive of recommendations to that effect by the Medicaid and CHIP Payment and Access Commission (MACPAC) requiring states to provide one full year of comprehensive postpartum Medicaid coverage for eligible people with an enhanced federal matching assistance percentage (FMAP).

Finally, we believe CMS should apply the proposed changes that streamline eligibility between Medicaid and separate CHIP programs to Basic Health Plan (BHP) agencies as well. This change would allow Medicaid to make eligibility determinations for Medicaid and vice versa, combine Medicaid and BHP eligibility notices, and promote other measures to streamline these processes. **USofCare strongly supports BHP state efforts, such as those in Oregon, to establish affordable, comprehensive coverage for people who don't qualify for Medicaid.**

Conclusion

USofCare appreciates the opportunity to provide comments to CMS in response to the "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" proposed rule. USofCare shares CMS's goal of making it easier for millions of people to more easily enroll in and retain their Medicaid coverage, and the proposed rule will eliminate disruptions to and enhance the quality of this coverage. We applaud efforts taken by CMS to streamline the Medicaid program and encourage CMS to continue to take steps to improve the Medicaid eligibility, enrollment, and renewal processes as it further considers ways to benefit low-income people and people with disabilities.

Please consider our team at United States of Care a resource and please do not hesitate to reach out to Eric Waskowicz, Policy Manager, at ewaskowicz@usofcare.org, with questions regarding these comments.



Natalie Davis
Co-Founder and Chief Executive Officer
United States of Care