

November 21, 2022

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Majority Leader Schumer, Speaker Pelosi, Minority Leader McConnell, and Minority Leader McCarthy,

The Medicaid Health Plans of America (MHPA) thanks you for your support of the Medicaid program. As we near the end of the 117th Congress, MHPA and its member health plans look forward to working with you to finalize shared policy priorities that improve Medicaid for the more than 80 million enrollees that rely on the program for high quality health coverage and life-saving care.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 130 managed care organizations (MCOs) serving more than 48 million Medicaid beneficiaries in 40 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through MCOs, and the association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.

Medicaid Redeterminations and Protecting Enrollees

MHPA remains concerned with any precipitous termination of the enhanced FMAP and continuous eligibility/Maintenance of Effort (MOE) provisions included in the Families First Coronavirus Response Act, which included significant safeguards to protect Medicaid beneficiaries from losing coverage during the COVID-19 pandemic. We urge Congress to proceed with caution when considering a wind down of the enhanced FMAP and MOE protections.

Any unwinding or "off ramp" from these provisions should be evidence-informed, structured to help beneficiaries, and account for the work states have been doing to prepare for such a change. For this reason, we ask that Congress provide at least a 120-day lead time from the date of enactment of such a provision so that states, in coordination with Medicaid health plans, have adequate time to prepare to conduct redeterminations in a thoughtful manner. We also note that the simultaneous processing of millions of eligibility determinations will prove operationally challenging for states and MCOs, and unless sufficient time is allowed for this process, millions of individuals who otherwise remain eligible for Medicaid could still lose coverage. Ensuring a sufficient timeline for states to process redeterminations can help reduce processing errors, minimize the risk of coverage loss among individuals eligible for Medicaid, and provide time to inform those no longer eligible about other coverage options.

Policy Proposals to Protect and Improve Coverage

As Congress enters the final weeks of the 117th Congress, MHPA urges lawmakers to prioritize policy proposals that protect and improve Medicaid for the vulnerable populations that rely on this critical safety net program. While there is a broad array of MHPA-supported policy proposals that we know strengthen Medicaid for its beneficiaries, we acknowledge both the limited timing and fiscal dynamics at play and therefore put forward a refined set of legislation that meets the standard of bipartisan compromise essential to advancing a significant package. To that end, MHPA encourages Congress to pass legislation this year that:

- ensures permanent and sustainable Medicaid financing for Puerto Rico and other U.S. territories, addressing the “Medicaid cliff” facing the territories in December;
- ensures new mothers on Medicaid and CHIP have access to their health care coverage for a full year during the postpartum period (Helping MOMS Act, H.R. 3345);
- permanently authorizes the Children’s Health Insurance Program (CHIP);
- promotes one year of continuous eligibility for children covered by Medicaid and CHIP;
- provides Medicaid coverage to eligible, justice-involved individuals 30 days prior to release (Medicaid Reentry Act, S.285, H.R.955);
- makes permanent the Money Follows the Person Program and includes protection against Spousal Impoverishment.

With the United States’ uninsured rate at an all-time low¹, a shared goal across the political spectrum, it is essential we meet this moment and build on these gains for the health and wellbeing of all Americans. The listed legislative proposals and “off ramp” provisions take on added significance when considered within the context of the aforementioned Medicaid redetermination process that will correspond with the eventual end of the Public Health Emergency. While states, Medicaid managed care organizations, and a variety of other stakeholders have been hard at work to mitigate significant loss of coverage, estimates suggest anywhere between 5 and 14 million current enrollees will lose Medicaid coverage². While some will transition into other forms of coverage, we anticipate many will drop out of coverage for which they are still eligible. The policy proposals outlined in this letter are essential toward helping mitigate this disruption and ensuring Americans remain covered.

We look forward to following up with your staff soon on our Medicaid and managed care priorities for the end of the year. If you have any questions or would like additional information, please contact Sean Garrity, Federal Affairs Director, at sgarrity@mhpa.org.

Sincerely,



Craig A. Kennedy
President and CEO

¹ <https://aspe.hhs.gov/reports/2022-uninsurance-at-all-time-low>

² <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-requirement/#:~:text=KFF%20estimates%20that%20between%205,that%20millions%20will%20lose%20coverage.>