

October 24, 2022

The Honorable Xavier Becerra, Secretary
Department of Health and Human Services.

The Honorable Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9912-N
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically via <https://www.regulations.gov>

Re: Medicaid Program; Temporary Increase in Federal Medical Assistance Percentage (FMAP) in Response to the COVID-19 Public Health Emergency (PHE); Reopening of Public Comment Period – File Code CMS-9912-N

Dear Secretary Becerra and Administrator Brooks-LaSure:

On behalf of the Medicaid Health Plans of America (MHPA), I would like to thank you for your leadership of the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), respectively, and for your ongoing efforts in preparation for the unwinding of the COVID-19 public health emergency (PHE) to protect Medicaid beneficiaries from coverage loss or gaps that can have serious health consequences for vulnerable populations.

We appreciate the opportunity to provide comments in response to the reopening of the Interim Final Rule (IFR) – **Medicaid Program; Temporary Increase in Federal Medical Assistance Percentage (FMAP) in Response to the COVID-19 Public Health Emergency (PHE); Reopening of Public Comment Period** and believe CMS' revisit of its earlier policy interpretation is representative of the flexibility and responsiveness of the Administration.

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.

Section 6008(b)(3) of the Families First Coronavirus Relief Act (FFCRA) provides a 6.2 percent enhanced Federal Medical Assistance Percentage (FMAP) for state Medicaid programs that meet continuous coverage requirements. Descriptions of the continuous coverage protections were included in FAQs dated April 13, 2020; May 5, 2020; and June 30, 2020. The original IFR, effective November 2020, changed the interpretation of the continuous coverage protections that had been described in several FAQs (April, May, June 2020) and instead required states, as a condition for receiving the temporary enhanced FMAP, to maintain beneficiary enrollment in Medicaid, but with allowances for certain changes to the amount, duration, and scope of benefits and to beneficiary cost-sharing, subject to certain beneficiary protections set forth in the IFR.

While we understand CMS's intent to support stakeholders during the unknown challenges of the COVID-19 pandemic with the original release of the IFR in 2020, we support CMS returning to its original interpretation of the continuous coverage protections in the FFCRA described in the FAQs from April 13, 2020, May 5, 2020, and June 30, 2020.

We believe a stronger interpretation of maintenance of eligibility maximizes the opportunity for eligible Medicaid members to access needed benefits and services throughout the PHE that was just renewed through mid-January 2023. MHPA member plans remain committed to promoting and expanding access to meaningful health care coverage, which is also critical to health equity, and ensuring vulnerable individuals can live healthy, productive lives.

MHPA believes this approach would decrease the risk that eligible beneficiaries may erroneously lose access to health care coverage or experience a delay in coverage due to processing errors during this critical time for public health. We appreciate the managed care partnerships with CMS and States and remain ever ready as a continued resource to identify and implement best practices to ensure that individuals retain health coverage as the PHE ends.

Therefore, we support the CMS proposal to rescind and replace §433.400 with a final rule that implements its original interpretation of section 6008(b)(3) of the FFCRA.

Once again, thank you for your consideration. MHPA member plans are committed to working with you and our state partners to support access, coverage, and care for Medicaid populations.

Please feel free to reach out to me directly at sattanasio@mhcpa.org with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio
Vice President, Government Relations and Advocacy