

November 7, 2022

The Honorable Xavier Becerra, Secretary  
Department of Health and Human Services (HHS)

The Honorable Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services (CMS)

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2421-P  
Mail Stop C4-26-05  
Baltimore, MD 21244-8016

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

**Re:– Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes; File Code CMS – 2421-P**

Dear Secretary Becerra and Administrator Brooks-LaSure:

On behalf of the Medicaid Health Plans of America (MHPA), I would like to thank you for the opportunity to provide comments for the proposed rule, *Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes* published in the *Federal Register* on September 7, 2022. Medicaid is the largest payer of health care in the United States and serves the most diverse population including children, adults, individuals with disabilities and the elderly. The COVID-19 pandemic underscored the Medicaid program’s role as a critical lifeline for our nation’s most vulnerable populations. We support efforts by the Centers for Medicare & Medicaid Services (CMCS) to ensure that individuals who are eligible for Medicaid and CHIP can apply for and retain coverage in a streamlined fashion.

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.

Our member plans are committed to collaboratively working with CMS and our state partners to strengthen and advance access to the Medicaid program. We are pleased to have this opportunity to provide the following comments on specific provisions of the proposed rule:

### ***Effective Date and Compliance Timelines***

MHPA supports streamlining processes related to applications, eligibility determinations, enrollment, and renewals believing these efforts would positively benefit consumers. We also appreciate CMS's efforts to create efficiencies for the enrollment and redetermination process for individuals that are dually eligible for Medicaid and Medicare. However, while we appreciate CMS's goals, we know that some of CMS's proposals may present challenges for state implementation given challenges with proposed timeframes and the technological changes that would be required of state Medicaid agencies. Specifically, we note that some provisions of the proposed rule require more technology-based changes than others and that states vary in the types of technology in place and their processing systems. In addition to technology barriers, many states face worker shortages and are understaffed while addressing pandemic-related issues that include preparation for redetermination processing after the expiration of the COVID-19 public health emergency (PHE).

We appreciate CMS's request for comment on an appropriate compliance timeframe in recognition of the potential complications that could arise from requiring states to meet technologically-driven policy changes to eligibility and enrollment while simultaneously complying with the processing demands of redeterminations when the PHE expires. To allow sufficient time for state compliance, we recommend CMS consider a staggered approach to compliance timelines that would establish dates dependent upon the technological burden of the specific policy change. Since some states may not need to make significant changes to their systems and processes, CMS could also provide the opportunity for states to opt-in earlier than the effective compliance date. For provisions that may require more resources to implement, we recommend that CMS work to ensure that states have the support and funding necessary. CMS should clarify for states where enhanced federal funding (FMAP) may be available for certain systems changes.

Regardless of the level of state readiness, MHPA encourages CMS to engage with individual states to best understand their needs and to customize technical support on an individual state basis that identifies specific barriers and tailors strategies to address those barriers.

### ***Facilitating Medicaid Enrollment***

We support CMS's proposal to add a state option to allow for Medically Needy individuals to deduct prospective non-institutional medical expenses for Medicaid eligibility. We believe the expansion outside of the institutional setting will help address institutional bias and that there are expenses in the non-institutional setting that are reasonably constant and predictable, such as high-cost drugs taken for a chronic condition. We believe this approach would also support better patient outcomes through increased access and continuity of care. However, we recognize the potential complexities for state implementation, including system and operational changes as

well as budgeting, and encourage CMS to consider extending its proposed compliance timeline and to provide technical assistance for states.

### ***Promoting Enrollment and Retention of Eligible Individuals***

#### Processes & Timeframes

MHPA supports the proposals to align non-MAGI enrollment and renewal requirements with MAGI policies. We believe these proposed changes would facilitate enrollments and renewals for consumers and create administrative efficiencies. For example, CMS's proposal to require states to conduct outreach for the non-MAGI population using multiple modalities, including text messaging and phone calls in addition to regular mail, reflects that technological innovations have changed how information is delivered and received and consumer expectations related to communication. Moreover, Medicaid populations are more transient than other populations, and unlike mailed letters, a mobile phone number is less likely to be outdated.

While MHPA appreciates CMS's proposal to establish new processing timeframes for renewals and changes in circumstances, we have concerns about the proposed compliance timeline. Many states are preparing for the redetermination assessments required post-PHE while facing workforce and staffing shortages. We recommend CMS reconsider its proposed compliance timelines to account for the variation in the levels of state technological readiness. Since some states may not need to make significant changes to their systems and processes, CMS could provide for states to opt-in earlier than the effective date. For example, the proposal to establish a new 90-day reconsideration period for non-MAGI individuals terminated for not returning requests for information is a requirement that is already met by several states and would not be technologically burdensome for state compliance. We also recommend that CMS provide technical support and additional resources for information technology (IT) infrastructure and process implementation assistance.

#### Returned Mail

MHPA appreciates CMS's proposals to establish what steps states must take for when mail is returned. We encourage CMS to consider leveraging existing guidance and waiver flexibility that encourages information sharing and partnership with MCOs such as the waiver flexibility provided under Section 1902(e)(14) that allows states to treat beneficiary contact information received from health plans as reliable. Specifically, we recommend CMS work to ensure states are following the guidance and allowing MCOs to provide direct member assistance to update contact information with the state agency. Medicaid MCOs often have access to beneficiary contact information that is more current than state Medicaid agencies, and this recommended policy would allow MCOs and states to use their partnership to maximize effectiveness of member outreach.

#### Transitions between Medicaid, Children's Health Insurance Program, and Basic Health Plan Agencies

MHPA supports efforts to promote continuity of coverage for beneficiaries transitioning between types of coverage or between different benefit packages or eligibility status. We also note that MCOs can play pivotal roles in minimizing disruptions in care and helping to streamline the process; we urge CMS to educate states about opportunities to partner with MCOs. As noted earlier, we have concerns with the proposed compliance timeline and recommend CMS consider a staggered approach that allows states that are technologically and operationally ready to opt-in early while providing additional time for other states that need a longer on-ramp for compliance.

### ***Children's Health Insurance Program (CHIP)***

MHPA supports the proposals to prohibit premium lock-out periods (currently the policy in 14 states) and to prohibit waiting periods (currently the policy in 11 states) as important efforts to eliminate access barriers in CHIP and to promote continuity of coverage. We also support the removal of annual and lifetime limits, but note that their removal should be factored into and accounted for in rate setting to ensure actuarial soundness in states with managed care partnerships.

Since the beginning of the COVID-19 pandemic and the declaration of the PHE, MHPA has been working with CMS to facilitate continued access to health care services for Medicaid beneficiaries. As we now look ahead to the expiration of the PHE, MHPA appreciates this effort to improve the consumer experience with eligibility and enrollment and to enhance program efficiencies. We look forward to continuing to work with CMS and our state partners to strengthen access to this essential program.

Please feel free to reach out to me directly at [sattanasio@mhpa.org](mailto:sattanasio@mhpa.org) with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio  
Vice President, Government Relations and Advocacy