MHPA Technology, Education, and Action Workgroup

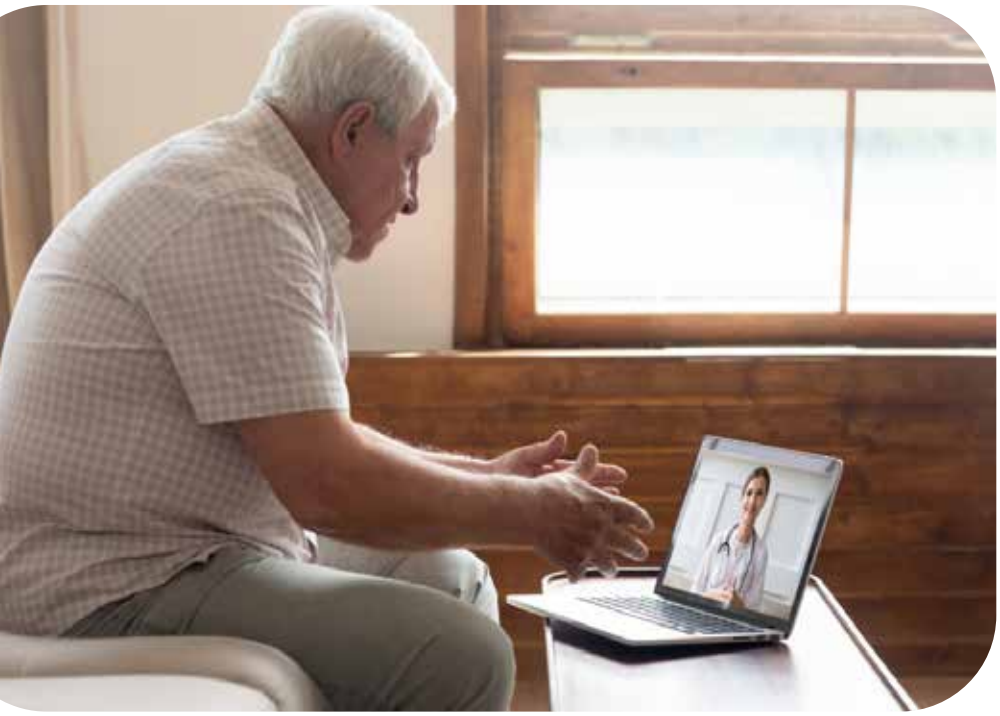
Policy Recommendations

On behalf of the Medicaid Health Plans of America (MHPA), we share the following recommendations to support technological innovation and the adoption of technologies to improve the health care experience for Medicaid beneficiaries, caregivers, providers, and other stakeholders. Convening a special workgroup throughout 2023, MHPA brought together technology leaders from member health plans to find consensus on support for innovation-focused and technology-related policy proposals with the most significant impact on improving access for Medicaid enrollees.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 150 managed care organizations (MCOs) serving nearly 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, 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.

Background

Technology is the foundation of the health care industry, connecting disparate yet interdependent entities including regulatory, the public and private sector, national, and community-based organizations. The need for standardization and data interoperability is driven by the intersection of health care with society and the demand for quality care to be delivered by interdisciplinary teams of health professionals. Technology underpins every point along the continuum of care, presenting a significant opportunity for states and Medicaid MCOs to collaborate on technology-related policies and initiatives to enhance the efficiency and effectiveness of Medicaid programs nationwide. As Congress and the Administration continue to advance policies that modernize technology use within the Medicaid program, we offer the following recommendations, detailed below:

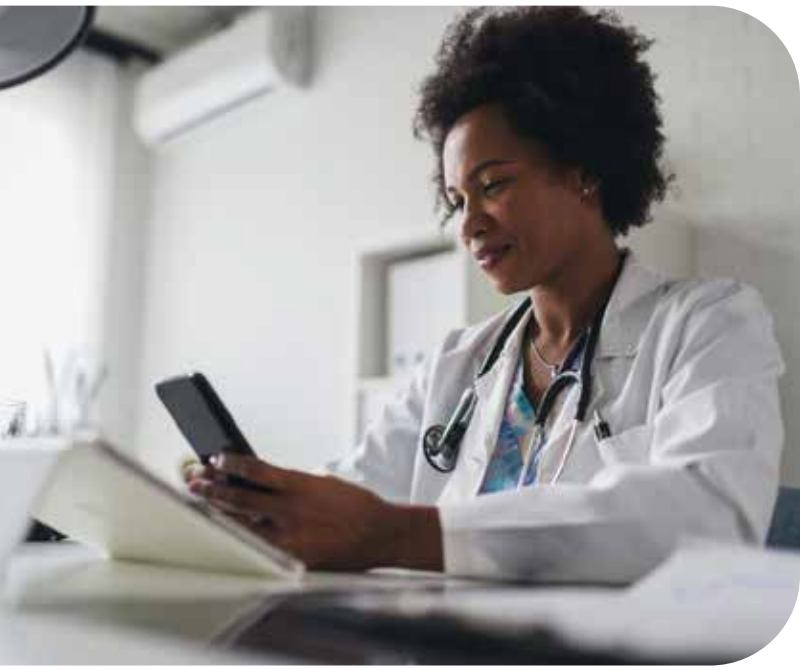


1. **Permanent Flexibility for MCOs to Conduct Outreach via Modern Modalities of Communication**
2. **Improving the Consumer Experience via Expanded Access to Digital Tools**
3. **State Grant Funding to Modernize Infrastructure Related to Enrollment and Eligibility Systems**
4. **Promote Application Programming Interface (API) Based Data Exchange and Improve Participation in Interoperable Systems**

Permanent Flexibility for MCOs to Conduct Outreach via

Background

- During the height of the COVID-19 Public Health Emergency (PHE), Congress passed the Families First Coronavirus Response Act of 2020 (FFCRA) which paused eligibility determinations for Medicaid in exchange for enhanced federal funding. The high volume of redeterminations that occurred following the expiration of this provision led the Federal Communications Commission (FCC) to issue a ruling in 2023, allowing state Medicaid agencies and their partners, including Medicaid MCOs, to send text messages and to make automated phone calls to individuals to support enrollment efforts.



- MCOs leverage texting to inform members that they are due for renewals and have indicated that texting yields the highest response rates of all modalities of communication.
- Outside of the context of redeterminations, the consensus is that plans should communicate with their state Medicaid agencies to determine what methods of outreach are permissible and in what situations, given the variation in state policies surrounding outreach to members. Generally, the Telephone Consumer Protection Act (TCPA) requires prior express consent before "any person" makes certain phone calls (the FCC defines phone calls as including texting). While the FCC has indicated that State Medicaid agencies are not "persons" for the purposes of outreach, that same flexibility has not yet been permanently extended to Medicaid MCOs.

Recommendations

- **Continue enrollment outreach via modern modalities.** Allowing plans to continue to conduct outreach related to Medicaid eligibility renewals leveraging modern modalities of communication (texting, automated phone calls) with implied consent outside of the redeterminations period would streamline renewals in the long-term and beyond the unwinding period.
- **Allow texting to promote care coordination.** Beyond renewals, given the high response rates to texting[1], coordination of care would be improved if plans had the flexibility to reach out to members via text with implied consent to share information such as provider networks or benefits. Furthermore, allowing bi-directional communication between health plans and members, including clinical communication, while ensuring compliance with HIPAA regulations, would further improve the effectiveness of care coordination. Plans would continue to be prohibited from conducting marketing outreach without prior express consent and members would have the ability to opt-out, but MCOs would be able to share key information more easily with their existing members.
- **Obtain proactive consent.** As a secondary option to implied consent for digital engagement, states should be encouraged to obtain member consent during the application process and subsequently share that consent with health plans through the 834 file.

Improving the Consumer Experience via Expanded Access to Digital Tools

Background

- The Affordable Connectivity Program (ACP) is a Federal Communications Commission (FCC) benefit program that helps ensure that households can afford broadband they need for work, school, health care and more.
    - The benefit provides a discount of up to $30 per month toward internet service for eligible households and up to $75 per month for households on qualifying Tribal lands.
    - Eligible households can also receive a one-time discount of up to $100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than $10 and less than $50 toward the purchase price.
- As of February 2024, over 23 million households are enrolled and receiving the ACP monthly benefit.[2]
- Without Congressional action, the last full funded month for ACP is April 2024.
- In terms of State interventions, some, but not all states provide support to enrollees for obtaining a cell phone or tablet, enabling them to participate in telehealth and respond to enrollment requests from the State Medicaid Agency.

Recommendations

- **Enact the bipartisan ACP Extension Act of 2024.** This Act provides $7 billion to extend funding through 2024 for the ACP, ensuring that American households continue to receive the benefit to ensure access to broadband for work, school, and health care services.
- **Support the use of Telehealth Services.** Encourage States to support access to

electronic devices such as cell phones and tablets through the State Medicaid Program to ensure enrollees are reachable and able to access telehealth services.

State Grant Funding to Modernize Infrastructure Related to Enrollment and Eligibility Systems

Background

- The implementation of the Affordable Care Act (ACA) provided permanent 90% federal financial participation (FFP) to states to adopt streamlined Medicaid enrollment systems, which enable real-time eligibility determinations and automated renewals. However, state systems for enrollment and eligibility continue to vary significantly in their sophistication and ability to support modernized modalities of communication and outreach.
- Less sophisticated systems are sometimes unable support the adoption of new technologies, integration with other health and human services programs, adaptability in implementing new rules, efficiency, and accuracy of keeping contact information up to date, and implementation of strong security measures. Ensuring states are leveraging updated technology platforms with modern programming languages, facilitating

integration of value-based delivery and Social Determinants of Health (SDOH) data into systems.

- Additionally, States are often unable to support modernized modalities of data integration with MCOs which, consequently, can lead to unnecessary coverage losses for enrollees who are eligible for Medicaid but are unreachable via traditional mail. With numerous essential programs vying for state funding, state Medicaid agencies may not have sufficient resources available to proceed with systems modernization.

Recommendation

- **Provide grant funding to states.** We recommend that Congress provide grant funding to states in addition to the 90% FFP to allow them to modernize their enrollment and eligibility systems to streamline renewal processes and support the receipt of renewal forms that include voice-recorded signatures and electronic signatures, in order to minimize coverage losses due to procedural reasons. Modernized systems would also allow states to facilitate ex-parte renewals and implement automated processes for members where renewal information is available through

existing data sources, minimizing the burden on states and enrollees to process renewals manually.[3]

Promote Application Programming Interface (API) Based Data Exchange and Improve Participation in Interoperable Systems

Background

- On May 1, 2020, CMS published the Interoperability and Patient Access Final Rule, which requires payers across Medicaid, Medicare, and CHIP to provide a Patient Access API which gives patients access to certain health data. Payers must also develop a Provider Directory API, which indicates which providers are in-network. After extending the compliance deadline, payers had until July 1, 2021 to implement these new requirements.
- On January 17, 2024, CMS released the Interoperability and Prior Authorization Final Rule,

which requires plans to add information about prior authorizations to their Patient Access APIs, implement Provider Access and Payer-to-payer APIs with individual claims and prior authorization data, and implement a prior authorization API with a list of covered items and services. The Final Rule also requires payers to accelerate prior authorization processes, with decisions to be sent within 72 hours for expedited requests and seven calendar days for standard requests. These additional requirements must be implemented by January 1, 2027.

- As states have begun to implement APIs in collaboration with Medicaid Managed Care Organizations, an opportunity exists to ensure that states are leveraging modern APIs, and that data is standardized and comparable across jurisdictions serving Medicaid enrollees.

Recommendations

- **Support data interoperability standardization**. Promote standardization among states, leveraging modern API architecture to reduce tech debt for partners who interface with State Medicaid systems and increase participation from patients and providers in the APIs.
- **Facilitate real-time communications.** Incentivize states to leverage modern programming languages, enabling real-time communications in interoperable systems to enable State Medicaid plans to take advantage of emerging Clinical Decision Support technologies, increasing standard of care for patients and reducing costs.

Thank you for your consideration of the above technology recommendations. Leveraging technology to improve access and quality of care for Medicaid enrollees is of paramount importance to MHPA. We look forward to continuing to work with the Administration, our State Partners, and Congress to make a meaningful impact in the lives of the individuals served by the Medicaid program.

[1] Medicaid Health Plans of America. On the Ground Enrollment: Results from a National Survey of Medicaid Managed Care Organization Experiences During Redetermination. Accessed at https://medicaidplans.org/wp-content/uploads/2023/09/MHPA-Research-On-the-Ground-Enrollment-MCO-Engagement.pdf

[2] Congressional Research Service. The End of the Affordable Connectivity Program: What Next for Consumers? Accessed at https://crsreports.congress.gov/product/pdf/IF/IF12637#:~:text=ACP%20also%20provides%20a%20one,accepting%20applications%20February%207%2C%202024

[3] We appreciate the recent resurgence of Medicaid Information Technology Architecture (MITA), as it offers a national framework to enhance systems development and healthcare management. MITA mandates states to adhere to MITA Standards, conduct a MITA State Self-Assessment (SS-A), implement the roadmap derived from the SS-A, and continually monitor and enhance their systems and processes. Additional funding coupled with MITA guidance would help states move forward in their modernization journey.