



The Enrollment Coalition

Ms. Anne Marie Costello
Deputy Director, Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD, 21244

Dear Ms. Costello,

As you know, the Enrollment Coalition really appreciates the redetermination flexibilities that CMS announced in June and the agency's continued effort to support states as they navigate Medicaid renewals. We are writing to suggest additional guidance on two of those flexibilities, Strategy 12 and Strategy 19, that our members believe have especially high potential to further prevent procedural terminations for beneficiaries if clarified with the following information.

Strategy 12 permits managed care organizations (MCOs) to help enrollees' complete parts of the application and submit it on their behalf. The Coalition has become aware of a process by which MCOs can also obtain enrollee's signatures while maintaining enrollee protections, fully unlocking the potential of this strategy.

In New York state, MCOs are leveraging certified application counselors (CACs) to obtain telephonic signatures, initialed by CACs in the record, for renewal material. There are guardrails in place to prevent abusive practices and the process does not rely on temporary authorities, making it much more appealing to states and MCOs that otherwise might be hesitant to implement process changes under authorities that will expire relatively soon.

We understand CMS and states recently discussed strategies like these in Denver – which is great - and we encourage CMS to further promote New York's model as a best practice that can be implemented by other states to leverage MCOs more effectively in the Medicaid renewal process.

Furthermore, we would welcome further guidance from CMS related to Strategy 19 which allows certain entities to provide presumptive eligibility at the point of care for Medicaid beneficiaries who have lost their coverage. The Coalition believes CMS encouragement for covered providers to contact the appropriate MCO after determining presumptive eligibility for a Medicaid beneficiary, thereby facilitating the re-enrollment process and communications from the MCO to the beneficiary, would increase the likelihood of beneficiaries getting re-enrolled for coverage beyond the presumptive eligibility period. CMS clarification that a beneficiary could provide consent to presumptive eligibility information being communicated to an MCO if there are legal constraints that restrict this sharing of information could also be helpful.

This clarification of Strategy 19 ties directly back to the proposed suggestions for Strategy 12. If MCOs can complete the entire renewal process for beneficiaries using a CAC, they could more effectively re-enroll individuals with presumptive eligibility that are flagged for them by covered providers.

We encourage CMS to provide this guidance to States as soon as possible to give officials additional resources and opportunities to prevent or rectify procedural coverage losses caused by the resumption of Medicaid redeterminations.

Sincerely,

The Enrollment Coalition