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August 6, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dan Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency

Dear Administrator Brooks-LaSure and Director Tsai:

On behalf of The Enrollment Coalition, we write to request the Centers for Medicare & Medicaid Services (CMS) provide State Health Officials (Medicaid Directors) updated guidance on planning for the resumption of normal State Medicaid, CHIP, and BHP operations upon the conclusion of the COVID-19 public health emergency (PHE).¹

The Enrollment Coalition is a group of organizations across the health care community, including consumer advocates, patient advocates, health plans, health care providers, employers, and technology and data organizations. Our mission is to collaboratively identify, develop, and advance actionable policy recommendations for federal policymakers aimed at improving enrollment data, systems, and processes to foster the enrollment of uninsured Americans under age 65 into existing health coverage plans and programs for which they are otherwise eligible.

Due to economic disruption associated with COVID-19 and the maintenance of effort requirement to which states are subject, the number of individuals enrolled in Medicaid and CHIP has increased substantially since Spring 2020. Recent estimates from CMS show nearly 10 million individuals, a 13.9% increase compared to February 2020, enrolled in Medicaid and CHIP

¹ CMS letter to State Health Officials RE: Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, December 22, 2020, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>.

coverage between February 2020 and January 2021 and more than 80 million people have health coverage through these programs.² The waivers that CMS has provided to states, along with Congressionally mandated requirements to cover COVID-19-related costs for individuals have been critical to the COVID-19 response efforts.

During the COVID-19 PHE, many states took the opportunity to employ waivers to streamline enrollment and eligibility processes. States have also modified eligibility redeterminations to comply with the requirements of section 6008 of the Families First Coronavirus Response Act (P.L. 116-127) to receive additional Federal Medical Assistance Percentage (FMAP) funding. As a result, many states may have a backlog of cases for eligibility redeterminations at the end of the PHE. There is concern that some current beneficiaries may face a coverage “cliff” upon the end of the PHE—especially if they are not eligible to enroll in, or face difficulty enrolling in, other forms of private sector or public sector health coverage. According to one estimate, 20% to 30% of Medicaid beneficiaries could lose Medicaid coverage after the PHE.³ The Enrollment Coalition supports strategies and tools which can help avoid coverage disruption or losses by identifying appropriate ways individuals can be enrolled in another source of coverage for which they would be eligible at the end of the PHE.

The Department of Health and Human Services’ (HHS) sent a letter to Governors that outlined the PHE is expected to last through 2021, and that HHS will provide states with 60 days’ notice prior to terminating the PHE. This approach has been very helpful in assisting states’ efforts to plan for the resumption of normal operations.⁴ States will need enough time to prepare for the resumption of normal activities and updated guidance from CMS on expectations and flexibilities for returning to normal operations would assist in the planning of these efforts.

As CMS contemplates additional guidance to states in advance of the end of the PHE, the Enrollment Coalition requests the guidance include information on:

- **Planning for and resuming regular eligibility and enrollment operations** including:
 - Resources to simplify and streamline eligibility redeterminations and opportunities to promote or support continuity of coverage for which individuals are eligible.
 - Post-PHE regulatory requirements for continuous eligibility and renewals and redeterminations of individuals who enrolled during the PHE.
 - Updated timelines for the resumption of normal renewal and redetermination operations to provide states with sufficient time.

² CMS: New Medicaid and CHIP Enrollment Snapshot Shows Almost 10 million Americans Enrolled in Coverage During the COVID-19 Public Health Emergency, June 21, 2021, <https://www.cms.gov/newsroom/press-releases/new-medicaid-and-chip-enrollment-snapshot-shows-almost-10-million-americans-enrolled-coverage-during>.

³ Goldman, Maya. Biden CMS May Change Policy On Dropping Medicaid Enrollees Post-PHE. Inside Health Policy. July 1, 2021. <https://insidehealthpolicy.com/daily-news/biden-cms-may-change-policy-dropping-medicaid-enrollees-post-phe>.

⁴ HHS letter to Governors, <https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf>.

- **Outlining expectations or opportunities for assisting individuals who no longer qualify for Medicaid/CHIP to enroll in insurance in the private market**, including:
 - Collaborating with the private sector and community-based organizations to facilitate enrollment into other sources of coverage; and
 - Coordination with the proposed special enrollment period for qualified individuals or enrollees, who are newly eligible for an Advance Premium Tax Credit (APTC), and whose household income does not exceed 150 percent of the Federal Poverty Level (FPL).⁵
- **Promoting efficiency and integrity in ensuring the right source of coverage at the right time for individuals**, and
- **Identifying enrollment strategies or flexibilities states adopted during the PHE that may be permanently adopted following the expiration of the PHE, including resources to assist with planning and implementation.**
 - States should be encouraged to consider changes including, but not limited to, modifications to requirements for in-person and phone interviews, allowing the state Medicaid agency to determine presumptive eligibility, 12-month continuous eligibility for all children enrolled in Medicaid/CHIP, and allowing additional entities to be able to determine presumptive eligibility for certain vulnerable populations.

In order to help states improve their systems and processes and prepare for the end of the PHE without unnecessarily burdening beneficiaries, CMS should provide guidance and technical assistance for states on appropriate strategies for easing and improving the redetermination process, which could include synching enrollment and renewal processes, as appropriate, with Supplemental Nutrition Assistance Program (SNAP) to assist in verifying eligibility, using pre-printed renewal forms for non-MAGI populations, allowing renewals by phone and internet, accepting self-attestations and conducting post-enrollment verification of specific eligibility requirements in a timely manner, and extending the timeframe for returning renewals forms from 30 days to 60 days, as well as extending timeframes for resolving discrepancies arising from a change in circumstances.

While health plans face some restrictions due to the application of telecommunication law, CMS should also work to eliminate unnecessary regulatory burdens to facilitate better outreach and provide guidance on attempts to reach enrollees prior to terminating, including through email, text, phone or electronic accounts and ensuring enrollee communications are culturally competent and linguistically appropriate.

States will also need to determine which changes made during the PHE should be extended beyond the pandemic. For example, during the PHE, some states utilized or expanded the use of enrollment strategies including continuous eligibility and presumptive eligibility. Guidance from

⁵ Patient Protection and Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond, Proposed Rule, <https://www.federalregister.gov/documents/2021/07/01/2021-13993/patient-protection-and-affordable-care-act-updating-payment-parameters-section-1332-waiver>.

CMS on steps that states must take in order to extend or make permanent these strategies would ensure that states can comply with CMS' requirements prior to a lapse in authority.

Although many of these enrollment strategies could be adopted at any time, guidance from CMS on these strategies will be especially useful for states as they work to comply with Federal requirements, support coverage of individuals within their state, and ensure program integrity following the end of the PHE. We encourage CMS to provide this guidance to States as soon as possible to give officials enough time to plan for the end of the PHE and avoid unnecessary losses of beneficiaries' coverage, whether from Medicaid or other sources.

Sincerely,

The Enrollment Coalition

American Academy of Family Physicians
Alliance of Community Health Plans
Alluma
American Heart Association
Amputee Coalition
Association for Community Affiliated Plans
Benefits Data Trust

Centene Corporation
Community Catalyst
Health Care Service Corporation
Healthcare Leadership Council
March of Dimes

cc:

The Honorable Xavier Becerra, Secretary of Health and Human Services