

# CONNECTING TO COVERAGE COALITION

HELPING AMERICANS GET THE RIGHT COVERAGE

## EMBARGOED UNTIL 5 AM

April 8, 2024

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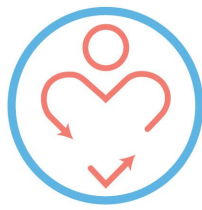
### Connecting to Coverage Coalition Statement

The Connecting to Coverage Coalition (CCC) (<http://www.connectingtocoverage.org>) applauds the Centers for Medicare & Medicaid Services (CMS) for implementing key measures aimed at maintaining enrollment for individuals eligible for Medicaid and the Children’s Health Insurance Program (CHIP), as well as assisting those who are no longer eligible with securing alternative health coverage options through the federal or state-based Marketplace, Medicare, or employer-provided coverage. We recognize this has been a multi-year planning and implementation process, with much of the heavy lifting occurring at the state level, with “all hands-on deck” support from a myriad of partners. While much work remains to support individuals through the redetermination process, the member organizations of the CCC are pleased to see these important steps and look forward to partnering with CMS and states to further assist individuals and families.

In particular, the CCC greatly appreciates the clarification of existing policies and flexibilities that allow Medicaid managed care organizations (MCO) to play a key role in helping individuals through the redetermination process. Importantly, MCOs will be able to support states with the eligibility process by contacting enrollees, filling out forms, recording a telephonic or electronic signature, and submitting completed applications. The newly announced final rule also builds on the unwinding experience and improves how states identify address changes and helps ensure states have the correct contact information for enrollees. This includes allowing states to partner with contracted managed care plans as reliable data sources, as well as utilizing the National Change of Address (NCOA) database. By taking these steps to improve the enrollment and renewal process for enrollees, CMS is acknowledging the collective input from CCC members who advocate for uninterrupted access to care during this unprecedented time in the Medicaid program.

The CCC also wants to recognize the historic improvements in the use of *ex parte* to determine eligibility at renewal. With support from CMS, states have streamlined and improved the accuracy of the eligibility process, and we urge CMS to continue supporting states to increase utilization of this important process going forward. Additionally, the CCC is pleased to see these additional policies by CMS:

- An extension of the temporary special enrollment period (SEP) for the Health Insurance Marketplace until November 30, 2024 — a vital step to ensure that individuals transitioning out of Medicaid or CHIP can remain connected to coverage;
- New resources geared toward helping families navigate their state’s fair hearing process;



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- Efforts to align non-MAGI and MAGI eligibility processes, including extending protections such as the use of prepopulated renewal forms and reconsideration periods to the non-MAGI populations; and
- Smoothing the transition of children between Medicaid and CHIP.

While these steps are encouraging, much work remains ahead to ensure that Medicaid-eligible individuals do not lose coverage, and to connect people who are no longer eligible for Medicaid to other health coverage options. We encourage CMS to continue exploring all available tools at the federal government's disposal to help keep people connected to coverage, including extending flexibilities that maximize *ex parte* renewals and expanding upon data collection efforts. The CCC and its members continue to support federal and state officials in ensuring a smooth transition from the continuous coverage requirement and making long term improvements to Medicaid renewals and transitions.

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“One thing health plans have learned from the Medicaid unwinding is that every speed bump in the redetermination process is a way for people who are eligible for Medicaid to needlessly lose coverage. We’re delighted that CMS has taken these common-sense steps to smooth out the road to re-enrollment.” — **Margaret A. Murray, CEO, Association for Community Affiliated Plans.**

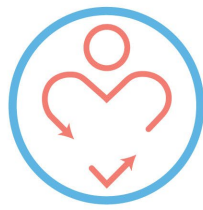
“UnidosUS joins its partners in thanking the Biden-Harris Administration for its extraordinary work protecting families’ health care, despite historic challenges posed by Medicaid unwinding. CMS’s hard work and creativity have made a huge difference limiting coverage losses for Latinos and members of other historically disadvantaged communities.” — **Stan Dorn, Health Policy Director of UnidosUS, the nation’s largest Latino civil rights and health advocacy organization.**

“Medicaid is the life blood of Community Health Centers and their ability to serve high-need urban, rural, frontier and island communities. Both coverage and access to affordable primary care services are essential to achieving health equity, improving population health, and lowering healthcare costs. Medicaid helps to assure people get necessary, life-saving primary care – from vaccines and cancer screenings to the outpatient management of acute and chronic conditions and the prevention of unnecessary hospitalizations, ER and specialty visits. We all suffer when people lose their Medicaid coverage with broad, deep, and longstanding impacts across families, communities, and the public health and healthcare system.” — **Kyu Rhee, MD, MPP, National Association of Community Health Centers President and CEO.**

“Health care coverage is the key to ensuring the most vulnerable patients have access to needed care. The ongoing Medicaid redetermination process is having an impact on the lives of millions of Americans. We must continue to work diligently to ensure those eligible for Medicaid, CHIP, and ACA exchange coverage are made aware of how they can maintain or gain access to these vital health care coverage programs. We commend the Biden Administration for doing everything in its power to assure Americans don’t fall through the coverage cracks.” — **Chip Kahn, President and CEO of the Federation of American Hospitals.**

“We applaud CMS for its work to permanently allow managed Medicaid plans to collect signatures on behalf of enrollees. This measure will minimize unnecessary coverage loss for a vulnerable population while bringing trusted partners, like health plans, into the fold to help consumers navigate a complicated eligibility process.” — **Ceci Connolly, Alliance of Community Health Plans President and CEO.**

“CMS has been a valuable partner in helping to ensure that Medicaid-CHIP eligible patients are able to renew coverage and patients who are no longer eligible are able to successfully transition to marketplace or some other type of coverage. By further strengthening patient protections and closing coverage gaps,



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CMS will help millions of Americans gain or keep coverage and access care. That’s a prescription for a healthier life.” — **American Medical Association President Jesse M. Ehrenfeld, M.D., MPH.**

“We thank the Administration for finalizing a rule ensuring that Medicaid and CHIP enrollees can easily enroll, renew, and maintain their coverage, bringing peace of mind to some of our nation’s most vulnerable families and communities. CHA is guided by our longstanding call to increase access to health care for everyone and developed an initiative, Protect What’s Precious, which equipped our members with tools to help their patients keep their coverage during the Medicaid redetermination period and beyond. We encourage CMS to continue working with the Connecting to Coverage Coalition on policy solutions that keep people connected to their Medicaid and CHIP coverage, allowing individuals and families to be healthy and flourish.” — **Sr. Mary Haddad, RSM, President and CEO of the Catholic Health Association of the United States.**

“MCOs have played a key role in preserving coverage during the Medicaid unwinding period. The Healthcare Leadership Council (HLC) applauds CMS for responding to stakeholders, taking additional steps to streamline continuity of coverage, and reducing the substantial administrative burden for enrollees.” — **Maria Ghazal, President and CEO of the Healthcare Leadership Council**