



November 4, 2022

Administrator, Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

RE: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS-2421-P)

Thank you for the opportunity to comment on CMS's Notice of Proposed Rule: *Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes*. This proposal provides many important steps that would improve access to Medicaid coverage and decrease the administrative burden of application and redetermination for people experiencing homelessness.

The [National Health Care for the Homeless Council](#) (NHCHC) is a membership organization representing HHS-funded Health Care for the Homeless (HCH) health centers and other organizations providing health care to people experiencing homelessness. Our members offer a wide range of services to include comprehensive primary care, mental health and addiction treatment, medical respite care, supportive services in housing, case management, outreach, and health education, regardless of an individual's insurance status or ability to pay. Last year, 300 HCH programs served approximately 1 million patients in over 2,000 locations across the country. **As a network of health care providers caring for very vulnerable adults, children, and families, we appreciate the significant impact this rule would have on our patients' ability to access the care they need.** We work every day to meet our patients where they are so they have a chance at escaping homelessness.

The proposed changes in this rule seek to break down barriers to accessing health coverage by reducing administrative burden for patients and aligning requirements in Medicaid and CHIP, which will positively impact many health center patients. As trusted members of their communities, HCH health centers provide each patient with an individual assessment to determine their eligibility for health insurance, striving to connect the most vulnerable patients

with the most comprehensive coverage. This is particularly important as 31% of all HCH patients were uninsured in 2020.¹ HCH health center staff conduct education and outreach to help consumers understand and enroll in health insurance coverage. **NHCHC applauds CMS for taking steps to alleviate patient burden while proposing policies that promote increasing access to comprehensive health care services.**

The following four sections reflect our comments on several areas of the draft rule:

1. Easing administrative burden
2. Establishing clear timelines and extended response times
3. Enhancing coordination between Medicaid
4. Creating nationwide timeliness requirements for redeterminations of eligibility
5. Improving record keeping and collaboration with trusted providers

1. NHCHC supports easing administrative burdens

Currently, all adult Medicaid applicants are required, per §435.608, to apply for any benefits they are eligible for in order to keep or receive Medicaid coverage. While most beneficiaries already take advantage of applying for other benefits, such as pensions, retirement, and disability benefits, foregoing application can unfairly penalize already vulnerable populations who may choose not to or are unaware of all benefits they may qualify to receive. **NHCHC supports the removal of this requirement, which will remove an unnecessary barrier and creates delays in accessing vital health coverage.**

NHCHC also supports eliminating the requirement of an in-person interview as part of the application and renewal process, per §§435.907(d) and 435.916(b), and limiting renewals to once a year (§435.916(b)(1)). No such provision exists for regular Medicaid beneficiaries and only had been applied to non-traditional applicants. A requirement for an in-person interview to determine eligibility places an unnecessary burden on people experiencing homelessness, who have limited access to dependable transportation.

NHCHC strongly supports CMS's clear mandate that states must now accept renewals via all four modalities (online, by phone, mail, or in-person), for both regular Medicaid applicants and non-traditional applicants. People experiencing homelessness often have varied and/or unpredictable access to different forms of communication. Having the ability to determine which method works best for them will help promote continuity of coverage and improve access.

¹ National Health Care for the Homeless Council. [Health Insurance at HCHC Programs, 2020](#). October 2021.

To go further, NHCHC would recommend that proposed rules relating to automatic entitlement to Medicaid, following determination of eligibility under other programs,² be revised to apply to patients served by FQHCs who have been determined to have income under 100% of poverty and who meet required Medicaid eligibility categories such as mothers, children, and the elderly. CMS can encourage States to utilize HHS-funded community health centers, which are well-positioned to share this information. This auto-determination recommendation fits well with CMS' vision for more interagency collaboration in determining eligibility by taking it a step further. CMS can also work with States to promote auto-determinations by using as much administrative data as possible, such as matching with labor databases, or SNAP, TANF, or other means-tested assistance programs. That way, States have all the necessary information, easing the administrative burden on their workers and alleviating burden from the beneficiary.

NHCHC supports CMS holding all states accountable for creating guardrails around beneficiary communication via physical mail. Mandating that upon receipt of returned mail, the State must attempt to reach the beneficiary in two different ways, per §435.919(f)(2), puts more protections in place to ensure States are doing their due diligence. **To go further, NHCHC encourages CMS to require (rather than simply 'recommend') States to employ multiple contact methods such as a phone call, text, or email, multiple times to reach more transient patients, and increase the chances of the message being received by the individual.** States relying on responses to mailed letters will disproportionately impact people experiencing homelessness who often have no/unstable addresses yet are much more likely to remain eligible. CMS should encourage States to use multiple methods to reflect increasing use and reliance by patients and providers on technology to communicate important updates.

2. NHCHC supports establishing clear timelines and extended response times

HCH health centers serve highly vulnerable individuals who often depend on multiple complex systems to meet their needs. The removal of barriers to renewing coverage is crucial in helping them maintain health insurance coverage to ensure continuation of essential, life saving resources such as medications, urgent and preventative care, and sometimes, housing. **NHCHC agrees with CMS' proposal to give enrollees 30 days to return signed renewal forms and request any information, as well as extend a 90-day grace period for individuals who were terminated for failure to return their renewal form, but subsequently returned their form within the reconsideration period.** This longer period to reconsider coverage for individuals who did not send in their renewal form by the deadline takes into consideration a renewal form getting lost in the mail, or—more likely—an enrollee not receiving the original notice at all. The

² 42 CFR 435.909

90-day period extends special consideration for those who have more social determinants of health (SDOH) needs and face more barriers to receiving/sending in forms or additional information. Lack of adequate transportation, wait times for appointments, and difficulty completing necessary forms all serve as significant barriers to the application and renewal process.

3. NHCHC supports enhanced coordination between Medicaid and CHIP agencies as well as Basic Health Programs and plans through the Exchange

These revisions promote continuity of coverage, especially for children and families with mixed insurance coverage. Streamlining information sent to enrollees about eligibility for different programs will decrease beneficiary confusion about eligibility. The combined eligibility notice will also decrease confusion for families where individuals qualify for different insurance programs. These revisions echo the original intent behind the Affordable Care Act in that there should be “no wrong door” for applicants when applying for health insurance. Information collected by agencies serving the same populations and households, like Medicaid and CHIP, should have systems that minimize burdens and shift more responsibility and coordination onto agencies instead of beneficiaries. **Mandating that States coordinate and combine eligibility notices with other insurance affordability programs (§457.348(a)), as well as requiring CHIP/Medicaid agencies to accept determinations by the other, per §457.348(b) and §435.1200, will mitigate the chance of preventable churning on and off insurance.** People experiencing homelessness often have limited access to their physical mail; hence, receiving multiple, contradictory notices creates unnecessary confusion and causes delays in responding due to the inability to understand what actions are necessary. This is a primary reason why this population is more likely to experience “Medicaid churn” despite still being eligible for coverage.

To allow health centers to fully utilize outstationed workers, **NHCHC recommends that CMS strengthen the requirement regarding outstationed eligibility workers at health centers, per 1902(a)(55) of the SSA and 42 CFR 435.904.** These workers can be employees of health centers, by which States can get the administrative Federal Medical Assistance Percentage to pay the health center for these costs. Currently, however, States do not adhere to this requirement. Outstationed eligibility workers are a key strategy in streamlining eligibility, which is a clear goal of this proposed rule. CMS strengthening this requirement will help more health center patients with their insurance coverage.

Given CMS’ goal for Medicaid and CHIP agencies to work together seamlessly, NHCHC sees an opportunity to strengthen presumptive eligibility provisions in the Medicaid statute and regulations. **NHCHC encourages CMS to expand the ability and authority of FQHCs to**

determine that a child is presumptively Medicaid eligible for an initial period of time. Families experiencing homelessness are particularly vulnerable and lack adequate childcare and support necessary for adult family members to complete the steps necessary to activate coverage – often delaying essential primary care services and setting back important public health measures such as vaccinations and health screenings.

4. NHCHC supports the creation of nationwide timeliness requirements for redeterminations of eligibility in Medicaid and CHIP

NHCHC appreciates CMS giving beneficiaries at least 30 calendar days from the date the request is postmarked to respond to information for changed circumstances (§435.919). This will allow some time for beneficiaries to collect documentation and submit information for redetermination. **If states need to conduct additional follow-up after a redetermination, we recommend CMS implement a minimum requirement of 30 calendar days for all applicants, accompanied by a change to the timeliness requirements for application processing,** which would establish an exception to the 45-day requirement at current §435.912(c)(3)(ii) and provide an additional 15 calendar days for a State to complete application processing when additional information is needed.

We understand CMS needs required information in a timely fashion, however **NHCHC urges the agency to implement a minimum 30 calendar day response period for all application steps** (with additional time for people with disabilities). This would allow time for a State to complete application processing when additional information is needed, and allows people experiencing homelessness time to collect information and submit it without the risk of losing coverage. **It is important that CMS does not create additional burdens through regulations based on unrealistic assumptions on beneficiaries' ability to immediately respond.** The current 15-day response deadline is particularly concerning for people experiencing homelessness who often reside at different locations during a given week and depend on mailing addresses they cannot regularly access. Expecting a quick turnaround to submit additional information poses a significant risk on health center patients, especially if a request for information is lost/delayed in the mail.

If the 30-day timeframe were to be applied across the board (with additional time for people with disabilities), **we encourage CMS to provide concrete guidance on how beneficiaries can access coverage while their redetermination is being processed.** We understand that retroactive coverage is activated by the State starting three months from the date of application but recommend states cover patients' care during the redetermination, regardless of whether their coverage is extended. Health centers provide care to all patients, regardless of their ability to pay, however lack of insurance coverage often causes people to delay accessing

a broader range of care, sometimes requiring a higher level of care than initially necessary, which increases cost and the potential for more severe health outcomes.

5. NHCHC supports improved record keeping and collaboration with trusted providers

NHCHC supports CMS' recommendation to ensure beneficiaries have timely access, within 30 calendar days, to all enrollment and eligibility documentation. We also appreciate the directive under §431.17(c) that States maintain all documents of an applicant's or beneficiary's case is active, plus a minimum of 3 years thereafter. Maintaining copies of vital documents is difficult for people without a stable address and a secure place to store documents and keep them out of the elements. Removing the onus of maintaining these documents from the beneficiary helps improve access to care. **Rather than simply 'recommending,' NHCHC urges CMS to require States to move towards full electronic recordkeeping to promote the ease of sharing documents with health centers (or their patients) in the event of a fair trial or hearing related to their coverage.**

HCH health center staff often help patients go through every step of the insurance process, and strive to be the best patient advocate possible. Having access to submitted documentation in a timely fashion and in an electronic format is important. HCH care coordination team works closely together to help their patients coordinate their health care and to ensure they are receiving and understanding important notices regarding their health insurance. Health centers have established relationships with these clients, which is another reason these staff can serve as a great resource for States. **NHCHC recommends that States partner with HCH health centers in the event a person's address is not up to date, after doing their due diligence in attempting to contact them. States should also partner with homeless services providers (to include the assigned health care providers) to help find enrollees, distribute information about enrollment, and update client information in the MMIS.**

Conclusion

While Medicaid beneficiaries currently have guaranteed continuous coverage through the maintenance of effort (MOE) requirement for the duration of the PHE,³ states will begin Medicaid redeterminations once the PHE officially ends. Given that an estimated 15 million beneficiaries on Medicaid/CHIP are at risk for losing coverage due to the unwinding⁴--and CMS

³ Families First Coronavirus Response Act (FFCRA), 2020.

⁴ ASPE Office of Health Policy. [Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#). August 2022.

estimates that nearly 7 million will be disenrolled despite remaining eligible—the proposed changes in this rule come at an important time. **People experiencing homelessness will be disproportionately impacted by this due to unstable living arrangements and lack of direct access to dependable means of communication.**⁵ NHCHC supports CMS' proposed implementation timeline of making these revisions effective 30 days after it is published with a separate compliance date, with those dates varying on the provision.

If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 410-409-3616 or bdipietro@nhchc.org.

Sincerely,

A handwritten signature in blue ink that reads "G. Robert Watts". The signature is written in a cursive style with a large initial "G" and a long, sweeping underline.

G. Robert Watts
Chief Executive Officer

⁵ National Health Care for the Homeless Council. [Medicaid Redeterminations & the End of the COVID-19 Public Health Emergency: Implications for the HCH Community](#). Fall 2022.