



AMERICA'S ESSENTIAL HOSPITALS

November 7, 2022

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

Dear Administrator Brooks-LaSure:

America's Essential Hospitals appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule on Streamlining the Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes. We support the proposed changes to Medicaid and CHIP eligibility, enrollment, and renewal processes, as they will reduce churn and administrative burdens for beneficiaries, making it easier for eligible beneficiaries to keep their health coverage.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all. Our more than 300 member hospitals fill a vital role in their communities. They provide a disproportionate share of the nation's uncompensated care, and three-quarters of their patients are uninsured or covered by Medicare or Medicaid. Essential hospitals provide state-of-the-art, patient-centered care while operating on margins one-third that of other hospitals—3.2 percent on average compared with 7.7 percent for all hospitals nationwide.¹ Essential hospitals' commitment to serving all people, regardless of income or insurance status, and their diverse patient mix pose unique challenges. A disproportionate number of their patients face socioeconomic and sociodemographic challenges to accessing health care, including poverty, homelessness, language barriers, and low health literacy. Seven and a half million people in communities essential hospitals serve have limited access to healthy food, and nearly 16 million live below the poverty line.²

¹ Clark D, Ramiah K, Taylor J, et al. *Essential Data 2020: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2020 Annual Member Characteristics Survey*. America's Essential Hospitals. September 2022. <https://essentialdata.info>. Accessed October 5, 2022.

² Ibid.

Given their payer mix and efforts to enroll patients in and renew health care coverage, essential hospitals support the proposed changes in this rule that will keep their patients insured. Even with state eligibility workers and navigators, patients often turn to financial assistance staff at essential hospitals to help them apply for coverage or financial assistance. Policies such as automatic enrollment, *ex parte* renewals, and streamlined eligibility and enrollment processes, as well as the removal of lock-out periods and lifetime limits, will reduce the number of patients who require application assistance. These policies will prevent churn in Medicaid and CHIP and lessen the workload for hospital staff who assist patients with program applications programs and with financial assistance.

These proposed changes not only will make access to health care easier and more consistent for patients but also will greatly decrease the need to apply for stop-gap financial assistance during a lapse in Medicaid coverage. This will avoid a cumbersome process, which varies greatly by state and by hospital, and also avoids the scheduling notices and good faith estimate requirements from the No Surprises Act that are triggered when a patient becomes uninsured. As we discussed in our comment letter on Requirements Related to Surprise Billing Part 2 in December 2021, these requirements are excessively burdensome for staff in several hospital departments and confusing for patients. Essential hospitals welcome policies to keep patients continuously enrolled in Medicaid and CHIP and that avoid these requirements.

Essential hospital staff have worked diligently to help patients maintain public health insurance or apply for financial assistance throughout several changes in eligibility and enrollment processes and required service notifications. Staff have made it their mission to stay up to date on eligibility changes from the COVID-19 public health emergency (PHE) and regarding notification requirements from the No Surprises Act to best serve their patients. And they will do it again when states return to normal Medicaid operations when the COVID-19 PHE ends. As a critical resource for patients, essential hospital staff must receive training on the proposed changes to streamline Medicaid and CHIP eligibility, enrollment, and renewal processes.

1. CMS must educate and provide funding for essential hospital staff to conduct Medicaid and CHIP eligibility and enrollment activities.

Essential hospitals are deeply invested in helping states with eligibility determinations. Essential hospitals host outstationed state eligibility workers, have entire departments of staff dedicated to enrollment activities, and undertake expansive outreach, particularly with hard-to-reach populations. Staff at essential hospitals develop relationships with beneficiaries and build trust, serve them in their preferred language, and keep them in care while waiting for Medicaid eligibility determinations. When the proposed changes are implemented, essential hospitals will be critical in educating beneficiaries about the changes and assisting them with applications. To do this effectively, hospital staff will need to be directly informed about process changes, new resources and new technology used to streamline Medicaid and CHIP applications. **CMS must require states to educate essential hospitals and other community workers on changes to Medicaid and CHIP eligibility and enrollment processes to implement them effectively and best serve beneficiaries.**

Further, the cost of these activities is substantial and often unreimbursed by states, which, themselves, lack funding to finance these efforts. To encourage and support deeper partnerships between states and essential hospitals in the enrollment process, CMS should leverage the Network of Quality Improvement and Innovation Contractors (NQIIC) program to fund outreach, eligibility, and enrollment activities conducted by essential hospitals. Established in 2018, the NQIIC program is designed as a potential 10-year, \$25 billion contract

vehicle to support health care improvement initiatives. It allows preselected contractors, including America's Essential Hospitals, to work with the health care field to address public health, behavioral health, patient safety, care coordination, and chronic condition self-management, all issues currently being addressed by essential hospitals. NQIIC is an ideal vehicle to supply additional supports and staff for eligibility determination and enrollment; this will streamline the process for many beneficiaries, thus improving access to care. **We urge CMS to fund Medicaid and CHIP outreach and enrollment activities at essential hospitals.**

America's Essential Hospitals appreciates the opportunity to submit these comments. If you have questions, please contact Senior Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO