



November 24, 2021

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: Recommendations Related to the Medicaid Redetermination Process in Advance of the End of the Public Health Emergency**

Dear Administrator Brooks-LaSure,

The Alliance of Community Health Plans (ACHP) appreciates the ongoing collaboration to ensure Americans have continuity and access to health coverage and care during the public health emergency. Earlier this month we had a highly constructive meeting with Dr. Montz, Mr. Wu and Mr. Grant, along others from the Center for Consumer Information & Insurance Oversight (CCIIO), on related priorities. We look forward to continued engagement with CCIIO on mutual efforts.

We appreciate the opportunity to partner with CMS as COVID-19 transitions from a pandemic to endemic, signaling the end of the public health emergency (PHE). We are focused on the more than 82 million Medicaid consumers who will undergo a redetermination process that could entail a loss of coverage upon the conclusion of the PHE. Accompanying our recent submission of a joint stakeholder letter on this issue, drafted in collaboration with America's Community Affiliated Plans (ACAP), America's Health Insurance Plans (AHIP), Blue Cross Blue Shield Association (BCBSA), and Medicaid Health Plans of America (MHPA), ACHP offers the enclosed recommendations to CMS to ensure a seamless redetermination process.

ACHP represents the nation's top-performing non-profit health plans improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that provide high-quality coverage and care to more than 24 million Americans across 36 states and D.C. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment, and data-driven systems improvement.

Serving over 3.1 million Medicaid lives across 15 states, while also maintaining commercial coverage options in the Marketplace, ACHP member health plans are uniquely positioned to assist patients in seamlessly transitioning from Medicaid to a qualified health plan during the redetermination process. Supported by the provider-aligned, community-driven model, ACHP can provide a vital bridge for patients during this time, mitigating instability in the Marketplace and ensuring continuity of care.

ACHP has identified key policy areas we seek to partner with CMS to consider and implement:

- **Medicaid redeterminations will create market instability. States, consumers and health insurers need standardization and uniformity across the board to facilitate a smooth redetermination process.** States and Medicaid managed care organizations must be alerted at least 90 days prior to when redeterminations will commence to ensure that

they are prepared to assist some of our most vulnerable citizens. Federal guidance for states is imperative to help encourage consistency and to designate a chronological order for redeterminations. The federal government should work closely with states to establish a redetermination order that will preserve coverage for the most vulnerable patients, such as children and pregnant individuals.

- **ACHP recommends the deployment of facilitated enrollment for Medicaid enrollees with presumptive eligibility to ensure continuity of care.** Patients who are unable to choose a health plan due to various systemic barriers may benefit from facilitated enrollment that will transition them to appropriate coverage following redeterminations. This will ensure patients have access to timely care and affordable health coverage, preventing undue burden to the health care system.
- **A smooth redetermination process will require greater funding streams dedicated to consumer outreach and resources.** As CMS issues guidance to states, consumers and health plans to provide continuous coverage through the Medicaid redetermination process, establishing a well-staffed, centralized federal resource for consumers, such as a 1-800-Medicaid information hotline, could assuage concerns about loss of coverage and direct consumers to appropriate resources.
- **Greater oversight is required to protect consumers from financially motivated insurance brokers that may steer them towards more expensive coverage options based on high commission rates.** As patients begin to navigate the commercial Marketplace upon receiving their redetermination status, greater oversight is required over broker practices to ensure consumers are directed to the most affordable plans that meet their needs.
- **Transitions from Medicaid to Individual Market's Impact on Risk Pool.** As the redetermination process potentially shifts Medicaid enrollees to the individual market, we anticipate that the risk pool of the ACA market will expand and change. Medicaid enrollees typically have relatively highly complex comorbidities. Since bids are based on a 12-month actuarial basis and given the potential increase in risk mid-year, we suggest aligning the end of the PHE with the Open Enrollment Period so plans can accurately design and price products.
- **Consumers should be afforded, at minimum, a 60-day special enrollment period to help facilitate potential transitions from coverage and encourage continuity of care.** ACHP recommends enlisting navigators to guide individuals transitioning from Medicaid to the individual Marketplace. Data exchange regarding enrollees will be integral to preserving consumer continuity of care. States will need to share data with the managed care organizations that will be transitioning patients off Medicaid, due to their newfound ineligibility, and with the qualified health plans that will absorb a new patient case-mix.
- **Plans will need to be given broad marketing flexibility to conduct ample outreach to members, ensuring smooth transitions to other forms of coverage.** ACHP member health plans serve diverse and rural communities, who are often excluded from national

information campaigns. We request CMS to work with states and managed care organizations to provide guidance directing consumers to update their contact information to ensure accurate information exchange to assist with outreach efforts. Finally, we request flexibility with the modality of communication, such as public service announcements, mail, email, etc., to effectively make consumers aware of redeterminations.

ACHP is committed to working with CMS and states to disseminate reliable and timely information to consumers throughout and upon the conclusion of the PHE. We look forward to the opportunity to convene a larger group of stakeholders, continuing our partnership with CMS on these issues. Please have your team contact Nissa Shaffi, ACHP's Associate Director of Public Policy, at [nshaffi@achp.org](mailto:nshaffi@achp.org), to schedule. We look forward to working with you!

Sincerely,

A handwritten signature in black ink that reads "Ceci Connolly". The signature is written in a cursive, flowing style.

Ceci Connolly  
President and CEO