



November 5, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Continuous Eligibility Amendment

Dear Secretary Becerra:

Thank you for the opportunity to provide comments on the Kansas Continuous Eligibility Amendment.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and our organizations are committed to ensuring that Kansas' Medicaid program provides quality and affordable healthcare coverage. The proposed waiver amendment would provide 12-month

continuous eligibility for parents and caretaker relatives, which would help these individuals maintain access to care. Our organizations strongly support this proposal and encourage HHS to approve it.

In 2013, CMS issued a letter to state health officials providing guidance on continuous eligibility and other enrollment strategies. The proposed waiver amendment is consistent with that guidance, seeking to make Kansas one of three states, along with Montana and New York, to provide 12-month continuous eligibility for adults.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.¹ For patients with serious and chronic conditions, a gap in healthcare coverage could mean delays in receiving needed treatments and services that ultimately lead to a worsening of their condition, hospitalizations, and other negative health outcomes. Continuous eligibility will help reduce these negative health outcomes.

Reducing churn helps to reduce the administrative burden on the state as well. For example, in an evaluation of Montana's 1115 demonstration, a state official said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.²

The COVID-19 pandemic and its economic impact have highlighted the importance of the Medicaid program and its robust healthcare coverage for low-income children, adults, seniors and people with disabilities. Kansas is seeking to implement continuous eligibility on January 1, 2022, before the COVID-19 public health emergency (PHE) will end. This policy of continuous eligibility will reduce the administrative burden on the Kansas Medicaid program when the PHE ends. With the end of the PHE, the federal maintenance of effort requirements will also end, and the agency will have a surge in eligibility redeterminations to process. Continuous eligibility can be an important tool to help states manage their work efficiently and avoid improper coverage losses during this critical time.

Our organizations urge you to approve Kansas' 1115 Waiver Amendment to provide 12-month continuous eligibility to parents and caretakers relatives enrolled in the Medicaid program. This is an important policy for families in the Medicaid program. Thank you for the opportunity to submit comments on this important issue.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Cancer Support Community
Epilepsy Foundation
Hemophilia Federation of America
National Alliance on Mental Illness
National Hemophilia Foundation
National Multiple Sclerosis Society

National Organization for Rare Disorders
National Patient Advocate Foundation
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

¹ <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

² <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>