

January 7, 2011

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2346-P

RE: File Code CMS-2346-P (Medicaid: Federal Funding for Medicaid Eligibility and Enrollment Activities)

To Whom It May Concern:

The undersigned organizations strongly support the proposed rule on providing enhanced matching funds for Medicaid eligibility systems. It is long past time for the federal government to provide enhanced support for state efforts to modernize their eligibility systems and bring them into the 21st century so that they can provide cost-effective, accurate, reliable and beneficiary-friendly assessments of eligibility for this vital program. Even without the Affordable Care Act, the additional federal investment in eligibility systems would have been warranted by the major changes that have occurred in both computer technology and Medicaid eligibility procedures over the past 20 years. In light of passage of the Affordable Care Act, they are more important than ever. With states expected to enroll millions more people into Medicaid and to ensure seamless coordination with the new Exchanges, it is essential that they have modernized, cost-effective eligibility systems that will accurately enroll eligible people in coverage without unnecessary red-tape and delay and that will lower state and federal Medicaid administrative costs over time.

As you proceed with issuing a final rule, we encourage you to consider the following comments.

1. Extend availability of enhanced match for some period of time beyond December 31, 2015. We encourage you to reconsider the decision to end the availability of the 90 percent matching rate as of December 31, 2015 because new and significant enhancements may be needed in 2016 and for some number of years beyond. At a minimum, we recommend that you allow for the possibility of a continued 90/10 match in specified, high-priority circumstances, such as: if unanticipated issues or problems that arise during actual implementation after January 1, 2014 need to be addressed; if any major changes are made to subsidy or Medicaid enrollment procedures; if major advances in computer technology occur that would make large-scale upgrades cost-effective; or if states need to build additional capacity to allow for further linkages between health programs and other human services programs to maximize enrollment.

2. Promote transparency and provide opportunities for beneficiary input. Since eligibility systems play a central role in dictating how the enrollment process is experienced by beneficiaries, we urge you to modify the regulation to ensure that beneficiaries, consumer advocates (e.g., those representing low-income children and families, seniors, people with disabilities and/or others served by Medicaid), and other members of the public are given an opportunity to provide input into the development,

operation, and evaluation of the new eligibility systems. Specifically, states should be required to consult with beneficiaries and advocates as they plan their new or improved eligibility systems; to make public copies of the business rules used to determine the decisions on eligibility that will be made by their new systems; and to gather data directly from beneficiaries on their experiences with eligibility determinations (e.g., via focus groups or meetings with beneficiaries or low-income advocates) on a periodic basis. Similarly, CMS should actively solicit and include data on beneficiaries' perspectives when it conducts its periodic reviews of states' eligibility systems.

3. Establish stronger federal guidelines for enrollment and renewal procedures to accompany new eligibility systems. As part of protecting its substantial investment in new eligibility systems and ensuring they work smoothly for consumers, we urge CMS to issue additional guidance on acceptable application, verification and enrollment procedures for Medicaid more generally. If beneficiaries still face outdated red-tape barriers to coverage that no longer are necessary in light of the advances brought about by modernized eligibility systems, the federal government will have wasted much of its investment. For example, CMS should provide additional guidance on acceptable application and renewal procedures, as well as verification procedures. There is a particular need for the identification of national "safe harbor" standards for data sources used in electronic income verification to allow states to move to paperless income verification with confidence that they comply with quality and accuracy standards. In developing additional requirements, we urge CMS to ensure that Medicaid's application, renewal and verification procedures are no more paperwork intensive or burdensome than those for Exchange subsidy applicants.

4. Ensure eligibility systems comply with all civil rights laws and provide beneficiaries with the opportunity to secure information in a culturally and linguistically appropriate manner. We strongly support the requirement that eligibility systems comply with "accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws." We believe that you should retain this provision and also ensure that the experiences of people with disabilities are taken into consideration when CMS conducts its periodic reviews of the system. In addition, we believe you should more clearly delineate that eligibility systems must be in compliance with all civil rights protections based on race, color, and national origin and be designed in a culturally and linguistically appropriate manner. Specifically, the eligibility systems qualifying for the enhanced match should be in compliance with Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act and all related rules, regulations and guidance, including the Department of Justice's policy document, "*Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.*"

5. Retain and strengthen the focus on supporting communication with providers, beneficiaries, and the public. We strongly support the language in Part 433.112 (14) calling for the upgraded eligibility systems to support effective communication with providers, beneficiaries and the public. Over the years, the experience with Medicaid and

CHIP has suggested that many families, particularly those in hard-to-reach populations, require the support of community-based organizations and advocates to navigate the application and renewal process. Even with upgraded computer systems and a more simplified enrollment process, some families will continue to need such assistance and it is important that the new eligibility systems be capable of supporting community-based organizations, safety net facilities and others in playing such a role. In addition, we encourage you to strengthen the requirement in the final rule relating to communication with beneficiaries to specifically require states to demonstrate that their modernized eligibility systems produce communications with beneficiaries (regardless of whether they are distributed through the mail, on-line, or through other alternative means) that are appropriate for their literacy level and take into account the needs of people with disabilities. To that end, we encourage you to require that states field-test procedures and processes with beneficiaries, consumer groups, and disability advocates to ensure they support effective communication.

6. Clarify the availability of enhanced match for all Medicaid eligibility determinations including “traditional” determinations. The final rule should specify that the enhanced match is available for any and all components of Medicaid eligibility systems, including seniors, people with disabilities, and those being evaluated for long-term care services, including optional services such as home and community-based services. These populations will continue to be evaluated for Medicaid eligibility under “traditional” rules that do not reflect the transition required by the Affordable Care Act to “Modified Adjusted Gross Income” and other related changes. Since they will continue to need Medicaid for long-term care and other critical services, it is important that they also benefit from the potential improvements to eligibility determinations and renewals that may be generated by new eligibility systems.

Thank you for your consideration of these comments. Again, we commend your initiative in making this vital investment in Medicaid eligibility systems.

Sincerely,

Organization	State
Alaska Center for Public Policy	AK
Alabama Arise	AL
Children's Action Alliance	AZ
Willomar LLC	AZ
ACCESS Women's Health Justice	CA
California Pan-Ethnic Health Network	CA
California Primary Care Association	CA
Children Now	CA
Children's Defense Fund - California	CA
National Immigration Law Center	CA
United Way of California	CA

Colorado Center on Law and Policy	CO
Colorado Children's Campaign	CO
Colorado Covering Kids and Families	CO
Connecticut Health Policy Project	CT
Connecticut Voices for Children	CT
State of Connecticut Office of the Healthcare Advocate	CT
AARP	DC
American Academy of Pediatrics	DC
American Association of People with Disabilities	DC
American Cancer Society Cancer Action Network	DC
Asian & Pacific Islander American Health Forum	DC
Association for Community Affiliated Plans	DC
Bazelon Center for Mental Health Law	DC
Center for Law and Social Policy	DC
Center for Medicare Advocacy	DC
Center on Budget and Policy Priorities	DC
Coalition on Human Needs	DC
Community Access National Network	DC
Community Action Partnership	DC
Consumer Action	DC
Corporation for Supportive Housing	DC
DC Fiscal Policy Institute	DC
Families USA	DC
Family Voices	DC
First Focus	DC
Georgetown University Center for Children and Families	DC
Hemophilia Federation of America	DC
Lutheran Services in America Disability Network	DC
National Association for Children's Behavioral Health	DC
National Association of County and City Health Officials	DC
National Association of County Behavioral Health & Developmental Disability Directors	DC
National Association of Public Hospitals and Health Systems	DC
National Council for Community Behavioral Healthcare	DC
National Council of Jewish Women	DC
National Disability Rights Network	DC
National Foundation for Mental Health	DC
National Health Law Program	DC
National Latina Institute for Reproductive Health	DC
National Partnership for Women & Families	DC
National Physicians Alliance	DC
National Spinal Cord Injury Association	DC
National Women's Law Center	DC

PHI	DC
Planned Parenthood Federation of America	DC
Quality Trust for Individuals with Disabilities	DC
RESULTS	DC
Service Employees International Union	DC
SHIRE	DC
Society for Adolescent Health and Medicine	DC
The Arc of the United States	DC
The Bazelon Center for Mental Health Law	DC
Therapeutic Communities of America	DC
United Cerebral Palsy	DC
United Spinal Association	DC
Voices for America's Children	DC
Brevard Health Alliance	FL
Florida Center for Fiscal and Economic Policy	FL
Florida CHAIN	FL
Florida Covering Kids & Families	FL
Florida Legal Services	FL
Hispanic Health Initiatives, Inc.	FL
Social Research Associates	FL
AID Atlanta, Inc.	GA
AIDS Athens	GA
Atlanta Regional Health Forum	GA
Council of Administrators of Special Education	GA
Georgia Budget & Policy Institute	GA
Georgia Chapter-American Academy of Pediatrics	GA
Georgia Equality	GA
Georgians for a Healthy Future	GA
Grady Infectious Disease Program	GA
HealthSTAT	GA
Interfaith Children's Movement	GA
Positive Impact, Inc.	GA
Ryan White Atlanta Planning Council	GA
Voices for Georgia's Children	GA
What Would Jesus Do HIV/AIDS Ministry	GA
Hawaii Primary Care Association	HI
Pacific Islands Primary Care Association	HI
Child and Family Policy Center	IA
AIDS Foundation of Chicago	IL
AIDS Legal Council of Chicago	IL
Association of Community Mental Health Authorities of IL	IL
Campaign for Better Health Care	IL
Community Mental Health Board of Oak Park Township	IL

Health & Disability Advocates	IL
Heartland Alliance for Human Needs & Human Rights	IL
Illinois Department of Healthcare & Family Services	IL
Illinois Maternal and Child Health Coalition	IL
Sargent Shriver National Center on Poverty Law	IL
Voices for Illinois Children	IL
Kansas Health Consumer Coalition	KS
REACH Healthcare Foundation	KS
Covering Kentucky Kids & Families	KY
Kentucky Equal Justice Center	KY
Kentucky Voices for Health	KY
Kentucky Youth Advocates	KY
Health Law Advocates of Louisiana	LA
Louisiana Budget Project	LA
Community Catalyst	MA
Health Care For All (Massachusetts)	MA
The Massachusetts Law Reform Institute	MA
American Association on Health and Disability	MD
Asthma and Allergy Foundation of America	MD
Legal Aid Bureau, Inc.	MD
National Down Syndrome Congress	MD
School Social Work Association of America	MD
Sisters of Mercy of the Americas IJT	MD
US Psychiatric Rehabilitation Association	MD
Maine Children's Alliance	ME
Bay-Arenac Behavioral Health Authority	MI
Center for Civil Justice	MI
Community Mental Health Center	MI
Free Clinics of Michigan	MI
Michigan Association of Community Mental Health Boards	MI
Michigan League for Human Services	MI
Michigan Primary Care Association	MI
MichUHCAN	MI
Oakland County Community Mental Health	MI
Saginaw County Community Mental Health	MI
St. Clair County Community Mental Health	MI
Legal Services Advocacy Project	MN
Minnesota Coalition for the Homeless	MN
TakeAction Minnesota	MN
Disability Coalition for Healthcare Reform	MO
Disabled Citizens Alliance for Independence	MO
Legal Services of Eastern Missouri	MO
Missouri Budget Project	MO

National Association of State Head Injury Administrators	MO
Sisters of St. Joseph of Carondelet of St. Louis	MO
Mississippi Human Services Coalition	MS
Action for Children North Carolina	NC
North Carolina Justice Center	NC
Nebraska Appleseed Center for Law in the Public Interest	NE
Nebraska Chapter of the National Association of Social Workers	NE
New Hampshire Fiscal Policy Institute	NH
New Hampshire Voices for Health	NH
Advocates for Children of New Jersey	NJ
New Jersey Citizen Action	NJ
New Jersey Policy Perspective	NJ
New Mexico Center on Law and Poverty	NM
New Mexico Voices for Children	NM
Center for Independence of the Disabled	NY
Direct Care Alliance	NY
Empire Justice Center	NY
New Yorkers for Accessible Health Coverage	NY
Single Stop USA	NY
Hancock County Board of Development Disabilities	OH
Legal Aid Society of Southwest Ohio LLC	OH
Lorain County Board of Mental Health	OH
Ohio Poverty Law Center	OH
The Legal Aid Society of Columbus	OH
Voices for Ohio's Children	OH
Oklahoma Institute for Child Advocacy	OK
Oklahoma Policy Institute	OK
Children First For Oregon	OR
Oregon Center for Public Policy	OR
Pennsylvania Health Law Project	PA
Pennsylvania Partnerships for Children	PA
Philadelphia Unemployment Project	PA
Public Citizens for Children and Youth	PA
Rhode Island KIDS COUNT	RI
The Poverty Institute	RI
Palmetto Project	SC
South Carolina Appleseed	SC
Tennessee Health Care Campaign	TN
Tennessee Justice Center	TN
Alamo Breast Cancer Foundation	TX
Center for Public Policy Priorities	TX
Cook Children's Health Plan	TX
Gulf Bend MHRM Center	TX

La Fe Policy Research and Education Center	TX
Tarrant County CHIP Coalition	TX
Utah Health Policy Project	UT
Voices for Utah Children	UT
ARCH National Respite Coalition	VA
Brain Injury Association of America	VA
National Alliance on Mental Illness	VA
National Association of State Directors of Developmental Disabilities Services	VA
National Mental Health Association	VA
New River Valley Community Services	VA
The Commonwealth Institute for Fiscal Analysis	VA
United Way Worldwide	VA
Virginia Organizing	VA
Virginia Poverty Law Center	VA
Voices for Vermont's Children	VT
Children's Alliance	WA
Northwest Health Law Advocates	WA
Citizen Action of Wisconsin	WI
West Virginia Center on Budget and Policy	WV
West Virginians for Affordable Health Care	WV
Equality State Policy Center	WY