

June 15, 2015
Submitted electronically through www.regulations.gov.

Re: NPRM - File code CMS-2392-P

We are writing to support the proposed rule to permanently extend enhanced federal financing of state Medicaid eligibility and enrollment systems. Ongoing access to 90 percent federal funding for design, development and implementation of a high-performing, data-driven IT infrastructure, as well as to 75 percent federal funding for ongoing maintenance and operations, is critical to improving the efficiency and accuracy of Medicaid eligibility processes and enhancing the consumer experience for both new applicants and individuals renewing coverage. Given the number of states that continued to rely on mainframe-based legacy systems, some of which were more than three decades old leading up to implementation of the Affordable Care Act (ACA), illustrates this critical need. States are unlikely to achieve the ACA's vision of streamlined, coordinated access to all publicly-supported insurance affordability programs, or are likely to allow their systems to quickly become outdated as technology evolves, without significant federal support to offset the cost of these systems. Detailed comments follow.

§433.110 Basis, purpose, and applicability

We appreciate the importance of taking a flexible approach to a set time schedule for conducting a federal performance review. However, we encourage CMS to consider replacement language that conveys the intent expressed in the preamble to the NPRM for HHS to do regular automated validation of accurate processing and systems operations and performance.

§433.111 Definitions

We strongly support the proposed rule at §433.111(b)(2) to permanently broaden the definition of mechanized claims processing and information retrieval systems to include Medicaid eligibility and enrollment systems (E&E), and to specifically note that such systems include processing of new applications, renewals and reported changes.

§433.112 FFP for system development

We support making enhanced federal funding of E&E contingent on meeting specific functional requirements as specified in §433.112(b).

• §433.112(b)(16). We particularly appreciate the inclusion of human services programs and community organizations providing outreach and enrollment

assistance services among the requirements for coordination and integration, and strongly urge HHS to retain this in the final rule.

- §433.112(b)(20) We agree that approving enhanced FFP on a system module basis is logical and does not unduly penalize a state when a single component or module does not meet federal standards.
- We encourage HHS to include a specific requirement for these systems to have the capability to collect and submit key eligibility and enrollment performance indicator data on a timely basis.

§433.112(c)(1). We strongly support the amendment to §433.112(c)(1) to remove the December 31, 2015 sunset on 90 percent federal funding of Medicaid E&E systems.

§433.112(c)(2). We also support extending enhanced federal funding to support acquisition and installment of commercial off the shelf software (COTS) at §433.112(c)(2) to avoid the redundant costs of developing high functioning applications that have proven their reliability and cost-effectiveness. We encourage HHS to use its authority in preapproving such expenditures to ensure such purchases represent good value and will not subject the state to inappropriate future costs and loss of flexibility as eligibility and enrollment needs evolve.

§433.116 FFP for system operation

We strongly support the permanent extension of 75 percent federal funding for ongoing system maintenance and operational costs subject to meeting the conditions outlined in §433.112(b)(1) through (22), including extending the authority to do so a system module basis.

§433.110 Reduction of FFP

§433.120(b). We support reducing FFP for non-compliant system components or modules.

Thank you for the opportunity to comment on this notice. If you have questions, please contact Tricia Brooks at pab62@georgetown.edu.