



The Enrollment Coalition

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: CMS-2447-IFC, CMS Enforcement of State Compliance With Reporting and Federal Medicaid Renewal Requirements Under Section 1902(tt) of the Social Security Act

Administrator Brooks-LaSure:

The Enrollment Coalition appreciates the opportunity to provide comments on the Interim Final Rule with Comment regarding CMS Enforcement of State Compliance with Reporting and Federal Medicaid Renewal Requirements Under Section 1902(tt) of the Social Security Act. The Enrollment Coalition is a group of organizations across the health care community, including consumer advocates, patient advocates, health plans, health care providers, employers, and technology and data organizations. Our mission is to collaboratively identify, develop, and advance actionable policy recommendations for federal policymakers aimed at improving enrollment data, systems, and processes to foster the enrollment of uninsured Americans under age 65 into existing health coverage plans and programs for which they are otherwise eligible.

In order to increase compliance with novel reporting and eligibility determination requirements in the period following the end of the Medicaid continuous enrollment provision under the *Families First Coronavirus Response Act (FFCRA)*, CMS has finalized a number of new enforcement authorities. These authorities include the ability for CMS to (1) Reduce the Federal Medical Assistance Percentage (FMAP) determined for a state by .25 percent points for each fiscal quarter the state failed to satisfy reporting requirements; (2) Require a State to submit and implement a corrective action plan, or to revise and resubmit an already existing corrective action plan to address newly identified reporting or determination violations; (3) Require a State to suspend disenrollments from Medicaid that are for procedural reasons until the State takes appropriate corrective actions; and (4) Impose civil monetary penalties up to \$100,000 for each day that a State is not in compliance with reporting requirements.

The interim final rule also provides CMS with the flexibility to take mitigating circumstances into account when exercising their authorities. CMS may choose not to apply enforcement measures in circumstances where State non-compliance with reporting and redetermination requirements:

- Resulted in no harm or substantial risk of harm; or
- Was the product of extraordinary circumstances such as systems outages or disasters.

The Enrollment Coalition supports CMS' implementation of these authorities to ensure greater transparency during the redetermination period and further protect eligible beneficiaries from being disenrolled for procedural reasons. CMS' new authorities are critical to preventing significant coverage

losses and will aid in data collection for the future improvement of State eligibility and enrollment systems.

Thank you for your consideration of these comments.

Sincerely,

The Enrollment Coalition