



The Enrollment Coalition

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RE: CMS-0042-NC: Request for Information; Health Technology Ecosystem

The Enrollment Coalition appreciates your seeking, via the Health Technology Ecosystem Request for Information (RFI) (CMS-0042-NC), feedback on which elements of today's digital health ecosystem are working, which are working inconsistently and need improvement, and which are impeding rapid progress; and input for possible consideration in future rulemaking on policies to ease health data exchange.

The Enrollment Coalition is an alliance of organizations including patient advocates, health plans, health care providers, employers, consumer advocates, and technology and data organizations whose mission is to help the eligible uninsured – people already eligible for coverage – get enrolled and stay enrolled. Our members are experts in enrollment and barriers to enrollment, including data silos and inefficient data exchange. One of our policy priorities is supporting states in using existing data sources to promote efficiency and accuracy in enrollment.

According to the Congressional Budget Office and Joint Committee on Taxation's enrollment projections, "among the 25.1 million people uninsured in 2022, 15.3 million are eligible for subsidized coverage."¹ This includes coverage through Medicaid, CHIP, and ACA coverage. Many of the eligible uninsured are not enrolled because of the administrative burden involved with applying and re-applying for coverage.

Improving the way certain elements of today's digital health ecosystem work could help millions of Americans who are eligible but not enrolled for coverage get coverage and keep it. We are grateful for the opportunity to share those elements and improvements with you in the response below.

Background

People who are not enrolled in health insurance have less access to primary care and are less likely to have a regular source of care, which in turn impacts their likelihood of early detection and effective management of chronic illness. Additionally, uninsurance can have significant economic impacts on individuals, businesses, and the health care system as a whole, as "workers who are uninsured throughout the course of a year have a greater likelihood of missing work."² Despite these

¹ <https://www.cbo.gov/publication/58263>

² https://www.kff.org/wp-content/uploads/sites/2/2010/06/reformhealthcare_ib1.pdf

challenges stemming from a lack of insurance, millions of Americans remain uninsured. The majority of these uninsured individuals are eligible for, but not currently enrolled, in a health plan.

Nearly 60 percent of uninsured individuals are eligible for programs like Medicaid, or financial assistance through Advanced Premium Tax Credits (APTCs), but experience gaps in coverage due to lack of knowledge regarding administrative requirements or the necessity of renewals. In 2022, 22.2 percent of uninsured adults said signing up for health coverage was too difficult.³

Using trusted, independent data sources to determine eligibility for health programs like Medicaid, CHIP and ACA coverage is more accurate and more efficient than other methods. For example, basing eligibility on the prior year's actual income as reflected on income tax filings is more efficient for the applicant and for program staff – and it's more accurate than the applicant's projection of current year income. Similarly, using the Department of Homeland Security (DHS) Systematic Alien Verification for Entitlements ([SAVE](#)) Program to verify citizenship and identity rather than requiring an attestation from applicants is more efficient and better promotes program integrity.

The Enrollment Coalition believes that a top policy priority for the coming years should be making sure that those eligible for health care today are enrolled and retained. Improving the way certain elements of today's digital health ecosystem work is critical to achieving that goal.

The Enrollment Coalition's responses to specific questions in the RFI are below:

B. Patients and Caregivers

2. Data Access and Integration

PC-8.b What are specific sources, other than claims and clinical data, that would be of highest value, and why?

- States are currently required to use data sources to verify financial information to the extent they determine them useful in determining Medicaid eligibility. In practice, states vary in their use of existing data sources to verify wages and net earnings from self-employment, unearned income, and resources using information from data sources such as the State Wage Information Collection Agency (SWICA), the Social Security Administration (SSA), state agencies administering state unemployment compensation, and human services programs.⁴ The Enrollment Coalition is supportive of utilizing additional existing data sources that can be improved and linked to enrollment in order to validate data accuracy.
- CMS could utilize and support states in utilizing the National Directory of New Hires (NDHN) for APTC eligibility determinations. The NDHN database includes information on newly hired and rehired employees, quarterly wage reports of existing employees, and Unemployment Insurance applications and claims. Created in 1996, this database is used by several "programs and agencies to verify program eligibility, prevent or end improper payments, collect

³ <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

⁴ <https://aspe.hhs.gov/sites/default/files/documents/d1c68327569498e86e98764e536b74f4/ex-parte-renewal-data-point.pdf>

overpayments, or ensure that program benefits are correct.”⁵ According to the Congressional Research Service (CRS), “many programs that have piloted or fully implemented the use of NDNH data to prevent improper payments have reported significant savings as a result.”⁶ Multiple budget requests in 2017 and 2020 also proposed that CMS use the NDNH to support program integrity and “assist with income and employer verification and improve the ACA advance premium tax credit payment accuracy to reduce improper payments.”⁷

Importantly, adding NDNH data to the federal data services hub and encouraging states to utilize the database would reduce administrative burden on enrollees and states conducting redeterminations, and increase the number of people whose program eligibility can be verified without requiring duplicative and time-consuming paperwork from enrollees, processed manually by public agencies (*ex parte*). Specifically, according to CMS’ data snapshot from December 2023 of Medicaid and CHIP enrollment, increased use of *ex parte* redeterminations during the unwinding period is correlated with smaller declines in enrollment among children under 19.⁸ Children were disproportionately impacted during the unwinding due to procedural denials, and *ex parte* renewals, built to scale, could prove to be a sustainable avenue to help individuals retain coverage and states to preserve capacity.

- It is also important to note that under the current system, APTC eligibility determination relies on projected income, which can be difficult as individuals and families have to reasonably guess their future income. Projecting future income can be particularly difficult for workers engaging in the gig economy, part-time work, and seasonal labor, which are prone to income fluctuations. For example, one recent study found that nearly half of all low-income, working-age adults experience, each year, at least one month’s spike in income that exceeds average monthly income by 25 percent or more. According to another study,⁹ the average low and moderate-income household experiences an average of 2.6 months per year in which income exceeds the family’s annual income by 25 percent or more. Workers should not be penalized for reasonably anticipating a pay raise, additional hours at work, an increase in self-employment income, or finding a new job.

The Coalition also encourages the Trump Administration to work with Congress to utilize prior year income information, which can be verified through tax information and other sources, to establish eligibility for premium tax credits. Using prior-year income for premium tax credit eligibility would fundamentally address the accuracy and verification challenges with the current system. Please note this change should be coupled with opportunities for people whose circumstances have changed since their last tax return, such as through job loss, in a way that now makes them eligible.

⁵ <https://crsreports.congress.gov/product/pdf/RS/RS22889>

⁶ <https://crsreports.congress.gov/product/pdf/RS/RS22889>

⁷ https://www.acf.hhs.gov/sites/default/files/documents/olab/final_cj_2017_print.pdf

⁸ <https://www.medicaid.gov/sites/default/files/2023-12/medicaid-unwinding-child-data-snapshot.pdf>

⁹ <https://www.usfinancialdiaries.org/paper-1/>

- Currently, there is significant variability in how and when states and the Exchange transfer information related to a Medicaid, CHIP, or Marketplace coverage application, and consumers can get bounced from program to program and asked many of the same eligibility questions by multiple government agencies. For example, the current account transfer technology utilizes an Extensible Markup Language (XML)-based data model with insufficient data quality controls, leading to incomplete and inaccurate data which can result in individuals having to fill out a new application with the Marketplace to receive an eligibility determination for Marketplace coverage.¹⁰ Additionally, states and the Marketplace routinely duplicate verifications when accounts are transferred.¹¹

Modernizing the technology and processes and standardizing enrollment files and information can significantly improve consumer experience and support accurate enrollments. The Enrollment Coalition encourages the Administration to engage states in a collaborative process to improve the technology facilitating transitions of coverage and accurate enrollment in coverage for which an individual is eligible.

3. Information Blocking and Digital Identity

PC-14. Regarding digital identity credentials (for example, CLEAR, Login.gov, ID.me, other NIST 800-63-3 IAL2/AAL2 credentialing service providers (CSP)):

b. What could be the benefits to patients/caregivers if digital identity credentials were more widely used?

- If digital identity credentials were more widely used, individuals could more accurately and efficiently enroll in programs they are eligible for, such as Medicaid, CHIP, or ACA plans. Wider use of digital identity credentials would also strengthen program integrity and make it easier to validate or re-validate criteria such as income, employment, and citizenship. Opening the federal data services hub API is critical to unlocking this potential fully.

Thank you for your consideration of these comments.

Sincerely,
The Enrollment Coalition

¹⁰ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib10102024.pdf>

¹¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib10102024.pdf>