The Enrollment Coalition

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Request for Information Related to Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) (CMS-6098-NC)

Dear Administrator Oz:

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. Our members are listed on our website.

The Enrollment Coalition appreciates CMS's commitment to strengthening program integrity across federal health care programs and welcomes the opportunity to respond to this RFI. We offer the following comments on select topics with the goal of supporting fraud prevention efforts that are effective, targeted, and designed to complement rather than undermine enrollment and coverage for eligible individuals.

Medicaid and CHIP

The Enrollment Coalition supports CMS's interest in expanding its ability to prevent, identify, and address fraud, waste, and abuse (FWA) in Medicaid and CHIP. We offer the following comments based on the coalition's experience working on enrollment systems, data, and processes across coverage programs.

Information sharing and state capacity. States vary considerably in their capacity to detect and respond to FWA in Medicaid and CHIP, and this variation can create gaps that bad actors exploit across state lines and between programs. The coalition encourages CMS to develop standardized processes and minimum requirements for states to collect, report, and share FWA-related information. A uniform framework would create efficiencies, as effective approaches developed in one state could be more readily adopted by others. CMS could further support this effort by investing in technology that states could deploy to strengthen their detection and prevention capabilities. Any such tools would need to be guided by strong governance, including human oversight, to ensure accuracy and prevent bias.

Balancing program integrity with enrollment access. The coalition encourages CMS to ensure that new program integrity requirements in Medicaid and CHIP are calibrated to target actual FWA

and do not inadvertently create barriers for eligible individuals seeking to enroll in or retain coverage. States worked diligently to conduct eligibility redeterminations following the end of the COVID-19 continuous enrollment condition, and those efforts produced meaningful progress in addressing ineligible enrollment. As CMS considers additional eligibility and enrollment verification processes, we encourage the agency to assess the results of existing efforts before layering on new requirements. Successful state practices identified through that assessment represent opportunities to spread knowledge across the program.

State-Specific Medicaid and CHIP

Streamlining state processes for addressing suspected FWA. In some states, the administrative processes required for a managed care organization (MCO) to take action when it identifies suspected FWA can be lengthy and cumbersome. These delays can result in continued payments on potentially fraudulent claims and reduce the effectiveness of recovery efforts. The coalition encourages CMS to work with state Medicaid agencies to identify and reduce regulatory and contractual barriers that delay MCO action on suspected FWA, while maintaining appropriate consumer protections and state oversight.

Cross-state learning. The RFI asks what successful strategies certain states have implemented that others could replicate. The coalition encourages CMS to take an active role in convening states, plans, and other stakeholders to share effective approaches to FWA prevention. CMS's existing Healthcare Fraud Prevention Partnership (HFPP) provides a foundation for this work and could be enhanced through expanded participation, more frequent and specific alerts, and structured dissemination of state-level approaches that have proven effective.

Federally Facilitated Exchange (FFE) and State-Based Exchanges (SBEs)

Agent and broker oversight. The Enrollment Coalition continues to believe there is a role for agents and brokers in advancing the shared goal of enrolling people in health coverage for which they are eligible. We also remain concerned about reports of unauthorized and fraudulent activity by agents and brokers. In our recent comments on the 2027 Notice of Benefit and Payment Parameters (NBPP) proposed rule (CMS-9883-P), the coalition expressed support for codifying prohibited marketing practices and requiring standardized consumer consent documentation.

The coalition encourages CMS to ensure that consumers who are affected by unauthorized enrollments or unauthorized plan switches have access to clear resolution pathways, including the ability to select new coverage through an exceptional circumstances special enrollment period (SEP) without financial penalty for any advance premium tax credits (APTCs) paid during the period of unauthorized enrollment. Clear resolution pathways are important not only for consumer protection but also for maintaining public trust in the enrollment process.

Income verification. In our comments on the 2027 NBPP, the Enrollment Coalition supported measures to improve the accuracy of eligibility determinations and to protect consumers from accumulating tax liabilities that may result from inaccurate income information on their applications. At the same time, we noted that under current law, premium tax credit eligibility is based on predicted income for the upcoming year, and that consumers with variable or low

incomes, particularly those in hourly, seasonal, or gig employment, may reasonably project income that differs from prior-year tax data. CMS has already instituted several new policies to address fraud, often driven by agent and broker misconduct, and additional provisions in the 2027 NBPP as well as changes enacted in H.R. 1, the One Big Beautiful Bill Act, will further address improper enrollments. The coalition encourages CMS to allow time for these changes to take effect and to evaluate their impact before making additional changes to income verification rules for consumers whose data sources indicate a mismatch with prior-year income.

The Enrollment Coalition appreciates CMS's commitment to strengthening program integrity across federal health care programs and the opportunity to provide input on these important issues. We remain available as a resource as CMS develops potential regulatory proposals.

Thank you for your consideration of these comments. Please reach out to Laura Pence at Laura.Pence@LeavittPartners.com with any questions.

Sincerely,
The Enrollment Coalition