



Leaders in Aging Well at Home

November 7, 2022

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2421-P, Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore MD 21244-1850  
*Submitted electronically via regulations.gov*

**Re: Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS 2421-P)**

USAgings appreciates the opportunity to provide comments on behalf of our membership on the above referenced notice of proposed rulemaking (NPRM). Overall, we enthusiastically support the changes proposed in the NPRM and can confirm many of the concerns that CMS has raised in its observations regarding the unintended negative effects on public benefits enrollment processes for otherwise eligible individuals. Additionally, high levels of “churn” demonstrate the importance of addressing the many superfluous redetermination documentation expectations and ineffective communication methods currently required by various authorities.

USAgings is the national association representing and supporting the network of Area Agencies on Aging (AAAs) and advocating for the Title VI Native American Aging Programs. Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, transportation, evidence-based health and wellness programs and more, and a majority of our members offer robust Medicare education and counseling, as well. Many of these programs are supported by federal funding from HHS, most commonly through the Older Americans Act (OAA) and the State Health Insurance Assistance Programs (SHIPs), which are administered by the Administration for Community Living (ACL), as well as Medicaid home and community-based services waivers (CMS).

This means that our members are vital stakeholders in the benefits education, eligibility, enrollment and re-enrollment processes. Throughout the country, two-thirds of AAAs operate the local SHIP offices; nearly 80 percent provide Options Counseling; most are the designated lead or co-lead of the local Aging and Disability Resource Center (ADRC) where they exist; and two-thirds conduct long-term services and supports eligibility assessments.

Examples of our member AAAs' ability to effectively assist individuals with benefits education and enrollment assistance include nationwide campaigns supporting the roll-out of Medicare's Part D prescription drug coverage, Medicare's annual open and special enrollment periods, annual flu shot campaigns, and the recent national effort to support COVID-19 vaccine efforts for vulnerable populations.

Because AAAs are experts at coordinating community-based social services and supports that address health-related social needs, AAAs are the vital local link for individuals in need of possible public benefits education and enrollment assistance in their communities.

**Through these various roles, AAAs are a vital community-level connection for individuals needing objective information, advice, counseling and assistance regarding public benefits, including the Supplemental Nutrition Assistance Program (SNAP) and Medicare's Part D Extra Help/Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP) that are central to this NPRM.**

In preparing this response to the NPRM, USAging convened two groups of AAA leaders from across 13 states to secure specific, on-the-ground practitioner insights on the topics raised in the NPRM as well as the agency-proposed solutions. Specifically, we sought real-world information regarding existing enrollment processes and requirements, potential impacts from the NPRM's proposed changes and additional insights that may be helpful to CMS as it implements the goals of the NPRM.

Overall, USAging applauds and strongly supports the proposed changes to eligibility, enrollment and renewal processes in the regulations as proposed in the above-referenced NPRM. Our comments address specific themes and elements of the proposals that run throughout the NPRM. We focused these comments on areas we believe could significantly impact the enrollment and redetermination process for older adults and people with disabilities, the impact the proposed changes could have on these individuals, and

opportunities to enhance the NPRM's proposals as CMS finalizes and implements the rule.

To that end, we offer the following comments regarding select areas of the proposed rule impacting older adults and people with disabilities seeking to enroll in Medicaid, the MSPs or the Part D LIS and look forward to working with CMS and USAging's members to ensure that these proposed changes have only a positive effect on the lives of eligible individuals across the nation.

### **Promote and Facilitate Enrollment Through Data and Enrollment Assistance for Potentially Eligible Individuals**

*Issue: Improving the process for and success of leveraging Part D Low Income Subsidy (LIS) enrollment data (aka the "Leads" data) as a method to automate the Medicare Savings Program (MSP) application process, reduce unnecessary barriers to enrollment and ensure individuals have assistance when needed.*

Details: From our research, we can confirm that some states may unintentionally not be actively using the Leads data as the Medicare Improvements for Patients and Providers Act (MIPPA) intended. We appreciate CMS calling attention to this concern and the opportunity to ensure that more eligible individuals are appropriately and efficiently enrolled in the public benefits for which they are eligible. Additionally, as noted in the NPRM, AAAs have also observed that some states have submission requirements for additional information verification and in formats that are proving difficult for this population to secure and submit, especially in a timely fashion.

Recommendations: We encourage CMS to consider the following recommendations to improve applicant success and optimize enrollment of individuals who are eligible for these public benefits programs but are not currently enrolled.

1. **Leveraging Existing Data:** Where possible, we recommend CMS require states to provide interested individuals with a prepopulated application to eliminate redundancies, increase information consistency and ensure that applicants do not have to resubmit information the applicant has already provided to the state through another program or the state has access to via other means (e.g., access to Leads data).

2. **Format Flexibility:** To support equity and inclusion, the application process should not be limited to an online form. This is especially important for low-income older adults because the burden created by an exclusively online application and communications process will fall disproportionately on these individuals who are less likely to have internet access, as well as technology sophistication and adoption. Additionally, where possible, CMS should reduce or eliminate all paper-based application signature requirements and provide other means for confirming the applicant's intent to submit, apply or attest (as applicable). Examples may include recorded voice authorizations; PIN-based electronic authorizations; creation of a universal form to authorize AAA, SHIP or other unbiased, state-recognized enrollment assistance program staff to submit public benefits enrollment forms on behalf of the applicant; e-signatures, including smart phone-based e-signatures; etc. States could add additional system protections by including a standardized field to capture information about the counseling program and the individual agency staff assisting the applicant, in the event that questions arise.
  
3. **Unbiased Assistance Programs:** As noted above, the local AAA is most often the premier organization performing Medicare education and enrollment assistance for older adults at the community level; two-thirds of AAAs also operate the local SHIP. As such, we note and appreciate CMS calling out the importance of including information on how to contact the beneficiary's SHIP. We further observe that auto-referrals to assistance programs and efforts to ensure applicants are aware of available unbiased assistance programs such as SHIPs and AAAs is rare across the country. In many instances, even when information about such assistance programs is provided, that information is not as prominent or comprehensive as would be necessary to adequately convey the purpose or relevance to the applicant. As a result, we encourage CMS to expand upon the proposed guidance in the final rule in the following areas:
  1. Make the CMS recommendation a requirement. We encourage CMS to require states to prominently include information about the state or local SHIP as well as the local AAA in any state request for additional documentation. It is important to include the AAA as, even where the AAA is not the designated SHIP agency, AAAs still offer unbiased Medicare and Medicaid

education and enrollment assistance through other funding sources.

2. Such notice should include, at a minimum, physical address, contact phone number, web site and an emphasis on the fact that these organizations are available to provide unbiased education and enrollment assistance for individuals and that such assistance is free of charge to the individual.
3. Such notice should be prominently placed in the applicant communication requesting the additional information, preferably on the first page.
4. States should be encouraged to proactively refer individuals in need of assistance to AAAs, SHIPs and other state-recognized unbiased education and enrollment assistance programs. In our research, these referrals are rare despite the state's role in funding and overseeing these entities and programs. This is an opportunity to proactively make applicants aware of resources available to assist them in closing gaps in failed applications.
5. Further, supporting our recommendation for increased consumer awareness of unbiased enrollment assistance programs, we note that AAAs in our focus group reported having received no more than a handful of referrals (fewer than 10) from the state in an average month. In some states, they do not report having received any referrals from their state. This lack of referral volume is an awareness concern.
6. Encourage states to monitor the volume of assistance requests generated to assistance programs. It is critically important for future assistance program funding considerations to understand that, while outside the scope of this rulemaking, funding for these assistance programs is not volume-based at this time. As a result, what we anticipate will be a measurable increase in the volume of assistance requests, will necessarily need to be factored into future funding needs for these assistance programs.

### **Reducing Application Process Complexities and Churn**

*Issue: Throughout the NPRM, CMS proposes to recommend or require states streamline processes, simplify existing application complexities and improve communications with applicants to increase successful enrollments and reduce avoidable churn.*

Details: In our conversations with AAAs across the nation, we find a consistent barrier for applicants and AAAs, including those hosting a SHIP office, around access to application status updates, and information regarded outstanding requirements. In a number of states, AAAs and SHIP offices previously had access to state enrollment databases and, as part of their enrollment assistance services, could perform status checks and identify additional information needed from the applicant to complete the process. Unfortunately, many states no longer provide this access and others report never having such access. As a result, these assistance offices have only one option—calling the state agency—to secure status updates so they can do their work assisting applicants (see subsequent comments regarding telephonic access limitations).

Additionally, AAAs with which we spoke also observed that one of the primary reasons for application failure is due to a combination of confusing or overly complex requirements, long wait times and the experience of being endlessly transferred from person to person or experiencing dropped calls when seeking information from state agencies. This applicant-reported issue is often replicated by AAA and SHIP staff when they attempt to access state agencies in their applicant assistance role.

Recommendations: We encourage CMS to consider the following recommendations to reduce applicant frustrations, increase application success rates for those eligible and optimize enrollment process efficiencies in the following ways.

- **Access to State Data Systems:** Require states to provide AAAs, SHIPs and other state-recognized unbiased enrollment assistance organizations real-time access to the state’s enrollment data system so these enrollment assistance organizations can efficiently assist applicants, reducing burden on state agencies and agency staff.
- **Access to State Enrollment Teams:** Provide state-recognized unbiased enrollment assistance organizations, including AAAs and SHIPs, with access to a dedicated team for secure phone and email communications when needed for more complex applicant cases. Specific examples can be found in Maine where the state created a pharmacy program help desk as well as a secure email process where AAAs can scan and e-submit completed applications and additional forms on behalf of their clients.

- **Identifying Opportunities to Improve Efficiencies:** AAA leaders with whom we spoke report that data documentation and submission requirements can be technical and onerous for applicants to complete. Staff working with individuals on the enrollment process report that, in the process of assisting applicants, they spend a significant amount of staff time on the phone tracking down information for their applicants or on the phone with the Social Security Administration (SSA), including significant hold times, attempting to enroll or resolve application issues for applicants. This leads us to recommend states provide look-up authority to applicable data systems for AAAs, SHIPs and other state-recognized unbiased education and enrollment assistance program staff to confirm receipt, status and identification of missing information in an expeditious and efficient manner.
- **Application Forms and Communications Options:** Require states to include paper forms and a mail submission process as an option for applicants and prohibit states from requiring applicants to have an email address or to use an email address for communications with the state. As noted earlier, a significant percentage of the otherwise eligible individuals in the target population for these programs do not have email addresses. Additionally, some do not have consistent physical addresses. This is another example of why promotion of enrollment assistance programs, like AAAs and SHIPs, are so important for this population. Many of these programs are able to maintain secure records on their clients and can flag the need for redeterminations and reach out to proactively find these clients and support them through the process.
- **Authorizations to Assist:** Allow individuals to authorize their selected AAA, SHIP or other state-recognized unbiased education and enrollment assistance program to manage and submit data and verification information on behalf of the applicant through a simple and uniform applicant authorization of representation process.

### **Facilitating Enrollment by Allowing Medically Needy Individuals to Deduct Prospective Medical Expenses**

*Issue: The NPRM would remove an unintended institutionalization bias for certain individual circumstances and we applaud CMS's proposal in this area. This proposed change would allow individuals who reside in the community*

*and have predictable high medical costs to project those costs through the Medically Needy enrollment pathway. Under current rules, individuals with a share of cost in the community are not deemed to meet Medicaid eligibility until their share of cost is incurred. Conversely, individuals residing in an institutional setting, like a nursing facility, are able to project their costs and are deemed Medicaid eligible from the first day of the month. The current policy is biased against access to home and community-based services (HCBS) in the community and drives people with disabilities into institutional settings to receive care they could otherwise receive at home at a lower cost.*

**Recommendation:** Representing AAAs, as the federally designated coordinators of HCBS for older adults, we applaud the CMS's proposal to remove the current institutionalization bias. The vast majority of older adults, when asked, report a preference for living in their chosen community dwellings for as long as possible. Allowing for HCBS costs to be projected for Medicaid eligibility in the community would address the current institutionalization bias and support older adults and people with disabilities in their desires for living in the community.

### **Promoting Enrollment and Retention of Eligible Individuals**

*Issue:* For many otherwise eligible individuals, enrollment and redetermination processes result in denials and loss of coverage. CMS seeks to make several changes to promote enrollment and retention of otherwise eligible individuals.

**Details:** CMS is proposing to limit routine renewals to once every 12 months, requiring use of pre-populated forms, and allowing at least 30 days for response and a 90-day reconsideration period. States would also be prohibited from requiring in-person interviews. CMS further proposes procedures to make it easier for individuals to report changes in circumstances and would require specific steps to make handling of redeterminations simpler and swifter. CMS is also proposing detailed multi-step requirements for how states handle returned mail in order to limit unnecessary terminations in coverage. We applaud CMS's proposals to improve enrollment, renewal and redetermination procedures for individuals eligible for non-MAGI Medicaid (including Aged Blind and Disabled Medicaid).



Recommendations:

- **In-Person Interviews:** We applaud the agency's proposal to eliminate requirements for in-person interviews. Many otherwise eligible individuals face significant burdens (e.g., cost of/lack of transportation, time/distance involved, caregiving backup availability) to attend in-person interviews.
- **Mail Limitations:** For many otherwise eligible individuals, a stable home address for receipt of mail is not available. As a result, states should be extremely cautious about terminating benefits, especially when mail is returned as undeliverable. AAAs report considerable levels of housing insecurity in the eligible population and we applaud CMS's efforts in this regard.

Overall, USAging supports the changes proposed by CMS in the NPRM and believe the recommendations listed in this letter will enhance adoption of these significant process improvements for individuals seeking to learn about, enroll in or ensure uninterrupted benefits eligibility and enrollment in public benefits for which they are eligible. We also believe the important education and enrollment assistance services AAAs offer should be amplified by states and federal agencies, as well as financially supported to meet the increasing need for such supports as the aging population in our country rapidly grows.

We appreciate the responsiveness of policymakers at CMS to thoughtfully consider stakeholder feedback as it considers final adoption of proposed education, eligibility and enrollment process changes.

Should you have additional questions or require feedback from USAging, please don't hesitate to contact me or USAging's policy team at [policy@usaging.org](mailto:policy@usaging.org) or 202.872.0888.

Sincerely,

A handwritten signature in black ink that reads "Sandy Markwood". The signature is written in a cursive, flowing style.

Sandy Markwood  
Chief Executive Officer