



**James L. Madara, MD**  
Executive Vice President, CEO

**American Medical Association**  
515 N. State Street  
Chicago, Illinois 60654  
  
ama-assn.org  
  
(p) 312.464.5000  
(f) 312.464.4184

October 31, 2011

Donald Berwick, MD  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Room 445-G Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Proposed Rule Concerning Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010 [CMS-2349-P]**

Dear Administrator Berwick:

On behalf of our physician and medical student members, the American Medical Association (AMA) appreciates the opportunity to provide comments regarding the Centers for Medicare and Medicaid Services' (CMS) Notice of Proposed Rulemaking (Proposed Rule) regarding eligibility changes in the Medicaid Program under the Patient Protection and Affordable Care Act (ACA). This Proposed Rule would implement sections of the ACA related to eligibility under Medicaid and the Children's Health Insurance Program (CHIP), enrollment simplification, and integration and coordination among state Medicaid programs and the new state health insurance exchanges (Exchanges).

The AMA commends CMS' efforts to align the eligibility determination, application, and enrollment processes among Medicaid, CHIP, state Basic Health Programs, and subsidized coverage in the Qualified Health Plans (QHPs) offered in the Exchanges. The AMA supports a streamlined enrollment process as outlined in the Proposed Rule, including a single application form, single entry point for application to Medicaid, CHIP or QHPs, and a periodic redetermination process that relies on information already contained in the beneficiary's file or current third-party data when possible.

The processes established in the Proposed Rule are a major step toward fulfilling one of the goals of the ACA, i.e., seamless coordination among Medicaid, CHIP, and the Exchanges. This will allow for real-time eligibility determinations of most applicants, as well as prompt enrollment of individuals in the appropriate "insurance affordability program"—e.g., Medicaid, CHIP, advance payments of premium tax credits and cost-sharing reductions

through the Exchange, and any state-established Basic Health Program—for which they qualify. Such integration is especially important given the large number of individuals and families who are likely to move between Medicaid/CHIP and the Exchanges as their family and financial situations change. In order to achieve a truly coordinated process, however, it is important to ensure that physicians have access to real-time coverage information, including confirmation of a patient's enrollment and continued eligibility in a given plan at the time of care.

#### Streamlined application (Sections 435.907 and 435.908)

The AMA supports efforts by CMS to create a single, streamlined application for individuals to enroll in Medicaid and QHPs offered in Exchanges. The AMA has long called for states to streamline the enrollment process within their Medicaid programs, including allowing mail-in applications, developing shorter forms, and coordinating their Medicaid and welfare (e.g., Aid to Families with Dependent Children) application processes. A single application form and opportunity for individuals to file an application through a variety of means, including online, by phone, and in person, will help to achieve this goal. The AMA supports the approach outlined in the Proposed Rule for the Secretary of the U.S. Department of Health and Human Services (HHS) to develop the data elements for the application in collaboration with states and consumer groups. The AMA encourages the Secretary to also include physician groups as part of this collaboration.

The AMA strongly supports Section 435.908 in the Proposed Rule, which requires the state Medicaid agency to provide assistance to any individual seeking help with the application or redetermination process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited in English proficiency. We would further urge CMS to encourage states to place eligibility workers in locations where potential beneficiaries work, go to school, attend day care, play, worship, and receive medical care. These outreach efforts are particularly important given the significant changes to Medicaid's eligibility levels and enrollment process as a result of the ACA. Having eligibility workers at these locations will minimize any confusion among potential beneficiaries about the application or redetermination process.

#### Streamlined renewal process (Section 435.916)

The AMA commends CMS' efforts to create a streamlined renewal process as set forth in the Proposed Rule, including the use of administrative, telephone, and online renewals, without requiring information from the individual if able to do so based on reliable information contained in the individual's record or other more current information available to the agency. When this is not possible, we support the proposed approach to create a prepopulated renewal form for beneficiaries. These measures have the potential to reduce administrative burdens on the states as well as beneficiaries, and eliminate gaps in coverage for non-renewal.

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Since these changes will streamline the process and reduce administrative burden for both modified adjusted gross income (MAGI) and non-MAGI populations, the AMA supports allowing states to extend these processes to the MAGI-excepted populations as well.

#### Coordination between Medicaid and other insurance programs

It is anticipated that a high percentage of Medicaid enrollees will shift between Medicaid and QHPs (subsidized and unsubsidized) offered in the Exchange due to fluctuations in income. The AMA supports the various steps taken by CMS in the Proposed Rule to maximize coordination between these plans to minimize frequent shifts between plans (churn) and potential gaps in coverage.

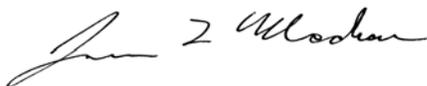
The AMA supports allowing states to use an individual's projected annual income to determine eligibility, which aligns with the time-frame used for the Exchange plans, as well as efforts to allow states to take into account predictable future changes in income when determining eligibility. These approaches promote coordination between Medicaid and the state Exchanges and will minimize churn for minor fluctuations in income.

In order to have a truly coordinated system, it is imperative that physicians have access to real-time enrollment and coverage information. Access to accurate, real-time coverage information is critical to a physician's practice because it allows a physician to verify a patient's coverage and billing information. This can be particularly important if a patient needs a referral to a specialist or prior authorization for certain procedures.

The AMA also supports the approach outlined in the Proposed Rule that would require states to continue Medicaid through the end of the month immediately preceding the first day of the month in which Exchange coverage begins for beneficiaries who lose Medicaid eligibility due to increases in their income. This will help to eliminate potential gaps in coverage and is consistent with AMA's long-term goal of supporting continuity of care and Medicaid's role as a safety net.

Thank you for your consideration of our comments on this Proposed Rule. If you have any questions, please contact Margaret Garikes, Director of Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or (202) 789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara".

James L. Madara, MD