ALLIANCE of SAFETY-NET HOSPITALS

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Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Subject: 45 CFR Parts 153, 155, and 156 [CMS-9899-P]; RIN 0938-AU97; Patient Protection Act, HHS Notice of Benefit and Payment Parameters for 2024

Attention: File Code CMS—9899-P

To Whom it May Concern:

I am writing on behalf of the Alliance of Safety-Net Hospitals (formerly the National Alliance of Safety-Net Hospitals), a group of private community safety-net hospitals that serve economically disadvantaged and underserved communities, to convey to the Centers for Medicare & Medicaid Services (CMS) our views on selected aspects of the proposed Patient Protection and Affordable Care Act HHS Notice of Benefit of Payment Parameters for 2024 that was published in the *Federal Register* on December 21, 2022 (Vol. 87, No. 244, pp. 78206-78322).

The Alliance of Safety-Net Hospitals (ASH) would like to bring to your attention our views on two specific aspects of CMS's proposal that we support: one that addresses the enrollment process for new exchange insurance for people losing their Medicaid or Children's Health Insurance Program (CHIP) eligibility and another that seeks to enhance the adequacy of qualified health plans' provider networks.

The Health Insurance Enrollment Process

2023 and 2024 promise to be challenging years for state Medicaid programs and those they currently serve. At some point in 2023 the formal COVID-19 public health emergency declaration is expected to end and with it the continuous Medicaid enrollment provision that was such an important part of the Families First Coronavirus Response Act; that provision mandates that states keep people continuously enrolled in Medicaid through the end of the month in which the public health emergency ends in exchange for enhanced federal Medicaid funding. This policy, largely because of the economic hardship, rise in unemployment, and loss of private health insurance caused by COVID-19, led to a nearly 20 percent increase in the nation's Medicaid population since March of 2020, from slightly more than 71 million people to more than 90 million. Once the formal public health emergency ends states will have one year to redetermine eligibility for all of their Medicaid participants – a one-year period that will run into 2024, when the proposed policy would take effect. Many of those individuals, it is widely expected, will no longer qualify

for the program and will need to turn to other sources, including the federal and state health insurance exchanges, in search of affordable health insurance.

No matter how well planned, the work associated with redetermining eligibility will be hectic, as will be the efforts of those who learn they are no longer eligible for Medicaid. For this reason, ASH supports CMS's proposal to give states the option, beginning on January 1, 2024, of implementing a special enrollment period for people losing Medicaid or CHIP coverage to permit insurers to extend the plan selection period to 60 days before or 90 days after people lose their health coverage. ASH also supports the proposal to change the current coverage effective date requirements so that marketplaces have the option of offering earlier coverage effective start states for consumers attesting to a future coverage loss.

These changes are especially important for residents of the communities that ASH hospitals and those like them serve. These communities have large numbers of low-income, medically vulnerable residents who have long faced challenges gaining access to care and many of them have been served by Medicaid during the pandemic. While many, we are certain, will continue to be served by Medicaid after their eligibility has been reviewed, some, we are no less sure, will not, and they will need time – and a fair chance – to find new health coverage. CMS's proposed benefit and payment parameters for 2024 would help with this, help ensure equitable access to care for many, and ASH and the nation's community safety-net hospitals support this proposal and urge you to adopt it.

Network Adequacy for Qualified Health Plans

Behavioral health and substance use challenges can be found across America and are especially prevalent in areas served by community safety-net hospitals, yet many people still lack access to appropriate providers and facilities to help them address these challenges. For this reason, ASH supports CMS's proposal to add two new major essential community provider categories to those required of qualified health plans: substance use disorder treatment centers and mental health facilities. Such an approach will ensure better access to needed services among those who enroll in qualified health plans and live in areas served by community safety-net hospitals, and elsewhere, and will greatly enhance the ability of hospitals like ours to discharge patients who need such assistance in a timely manner to facilities and providers better suited to helping them address their challenges.

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ASH appreciates the opportunity to submit these comments and welcomes any questions you may have about them.

Sincerely,

Ellen Kugler, Esq.
Executive Director

About the Alliance of Safety-Net Hospitals

The Alliance of Safety-Net Hospitals is a coalition of like-minded safety-net hospitals without dedicated sources of public funding that work together to advocate policy decisions on government health care programs, most notably Medicare and Medicaid, that ensure equitable access to care for the medically vulnerable residents of the communities they serve and adequate public resources for the safety-net hospitals that serve those communities.