



March 6, 2024

The Honorable Xavier Becerra
 Secretary
 U.S. Department of Health and Human Services
 200 Independence Ave, SW
 Washington, DC 20201

Re: Minnesota PMAP+ Continuous Eligibility Amendment

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Minnesota’s Prepaid Medical Assistance Project Plus (PMAP+) Continuous Eligibility Amendment.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Minnesota’s Medicaid program provides quality and affordable healthcare coverage. We support the inclusion of multi-year continuous eligibility for young children and 12-month continuous eligibility for 19- and 20-year-olds. Our organizations urge CMS to approve this request.

Continuous eligibility protects patients and families from gaps in care and promotes health equity.¹ Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.² Gaps in Medicaid coverage have also been shown to increase hospitalizations and negative health outcomes for ambulatory care-sensitive conditions like respiratory diseases and heart disease.³ Furthermore, studies show that children of color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering it crucial for increasing equitable access to care.⁴ The state estimates that 3,000 children and an additional 1,000 adults in Minnesota will maintain coverage each year as a result of this policy.⁵ Overall, continuous eligibility improves access to and continuity of care for children during the critical early years of life⁶ while promoting health equity.

While the waiver application does not include an implementation date, our organizations urge CMS to work with Minnesota to implement this policy as soon as possible. The unwinding of the COVID-19 continuous coverage requirements has underscored the importance of continuous eligibility policies in reducing procedural terminations and maintaining access to coverage. Additionally, our organizations urge CMS to work with the state to ensure that the appropriate IT and operational systems are in place to ensure successful implementation of this policy. Finally, we urge CMS to work with Minnesota to collect and provide additional data on current rates of churn for children in the demonstration population to help evaluate the effectiveness of this policy.

Thank you for the opportunity to provide comments and we urge you to approve this waiver.

Sincerely,

ALS Association
American Diabetes Association
American Heart Association
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
CancerCare
Child Neurology Foundation
Chronic Disease Coalition
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Lupus Foundation of America
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
The Leukemia & Lymphoma Society
WomenHeart

¹ Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG>.

² Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

³ “Effects of Churn on Potentially Preventable Hospital Use.” Medicaid and CHIP Payment Access Commission, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf

⁴ Osorio, Aubrianna. Alker, Joan, “Gaps in Coverage: A Look at Child Health Insurance Trends”, Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. Available at: <https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>

⁵ Minnesota Prepaid Medical Assistance Project Plus (PMAP+) Section 1115 Waiver No. 11-W-0039/5 Continuous Eligibility. Minnesota Department of Human Services. January 25, 2024. Available at: <https://www.medicaid.gov/sites/default/files/2024-02/mn-pmap-cont-eligib-amndmnt-pa.pdf>

⁶ Burak, Elisabeth Wright. “Promoting Young Children’s Healthy Development in Medicaid and the Children’s Health Insurance Program (CHIP).” Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: <https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>