



# The Enrollment Coalition

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Commissioner Bean and Director Lindley-Myers:

On behalf of The Enrollment Coalition, we write to thank you and your members for your work to manage Medicaid redeterminations and help eligible people maintain coverage. We share your commitment to ensuring people have access to coverage and care, and we encourage states to implement automatic enrollment programs to ease transitions of coverage from Medicaid to Marketplace, for individuals who are eligible.

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.

The Enrollment Coalition believes that it must be a top policy priority to ensure that those who are eligible are enrolled and retained in coverage. As states are resuming Medicaid redeterminations, efforts to smooth the transitions of coverage are more important than ever. The Medicaid and CHIP Advisory Committee (MACPAC) recently found that “about 3 percent of beneficiaries who were disenrolled from Medicaid or CHIP in 2018 enrolled in exchange coverage within 12 months.”<sup>1</sup> Automatic enrollment policies can bridge the persistent enrollment and coverage gaps and promote equity and health for those needing care.

We appreciate that several states have implemented forms of automatic enrollment, including automatically enrolling individuals who are no longer eligible for Medicaid into Marketplace plans. For example, in Rhode Island, HealthSource RI, the state’s marketplace, will automatically enroll individuals who no longer qualify for Medicaid and who have incomes at or below 200 percent of the federal poverty level (FPL). If there is a premium charge to enroll, the state is covering that cost as part of the

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<sup>1</sup> [Transitions Between Medicaid, CHIP, and Exchange Coverage](#)

auto-enrollment program for the first two months of coverage.<sup>2</sup> California has implemented a similar auto-enrollment program and New Jersey is considering implementing similar measures.<sup>3</sup> These and other automatic enrollment programs can also yield benefits for consumers once redetermination operations return to normal.

As states adopt autoenrollment efforts for consumers that have not made an active choice, we encourage states to:

- Randomize plan selection among the zero-net-premium plans that provide the highest available actuarial value (without regard to any de minimis variation in actuarial values);
- Prioritize maintaining existing provider-individual relationships; and
- Prioritize the equitable distribution of such individuals among QHPs available to enroll such individuals, consistent with the enrollment capacities of the entities.

Additionally, the Coalition has developed a framework for auto-enrollment policies that supports the enrollment of eligible individuals and families, protects consumers and patient choice, promotes state flexibility, and preserves program integrity. Specifically, the Enrollment Coalition's framework encourages states to help automatically enrolled individuals and families understand their potential out-of-pocket costs, coverage, and appropriate contacts for common needs and questions, and communicate with enrollees effectively, employing a series of notifications using multiple forms of communication (mail, email, phone call, text message) about opportunities to select and review plans. The Coalition's framework for an auto-enrollment policy can be found [here](#).

We encourage State health officials to adopt automatic enrollment policies for individuals who have not made an active choice to prevent coverage losses and support the enrollment of persistently uninsured populations.

Sincerely,

The Enrollment Coalition

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<sup>2</sup> <https://nashp.org/rhode-island-looks-to-auto-enrollment-to-ease-transitions-from-medicaid-to-marketplace/>

<sup>3</sup> [Redeterminations-Eligibility-Simplification.pdf \(familiesusa.org\)](#)