



# The Enrollment Coalition

Neera Tanden  
Director  
Domestic Policy Council  
Executive Office of the President  
1600 Pennsylvania Ave NW  
Washington, DC 20500

Dear Director Tanden:

On behalf of The Enrollment Coalition, we write to thank you for making it an Administration priority to ensure that those who are eligible are enrolled and retained in coverage and to request a meeting with you and your team to discuss a strategy that states could use to substantially reduce the number of eligible families who lose Medicaid for purely procedural reasons.

The [Enrollment Coalition](#) is a group of organizations across the health care community, including consumer advocates, patient advocates, health plans, health care providers, and technology and data organizations who are committed to promoting coverage, particularly for vulnerable populations. 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.

Specifically, we request that CMS allow states to authorize Medicaid managed care organizations (MCO) to complete the administrative work required for their members to obtain an eligibility determination, including completion of renewal forms and reconsideration forms when members have been terminated because of missing paperwork. We believe this strategy fits with the Administration's repeated recognition that administrative burdens play a major role preventing eligible families from obtaining and retaining health coverage for which they qualify, and that administrative burdens have a disproportionate impact on historically disadvantaged communities.

We understand that the HHS Office of General Council (OGC) has weighed in on MCOs' legal capacity to sign forms on behalf of their members. Our understanding of OGC's view is that signing forms on behalf of a member requires the MCO's appointment as an authorized representative, which could raise concerns about potential conflicts of interest. We see two viable methods for addressing this concern:

- MCOs could be allowed to collect **the member's own signature in electronic or telephonic form** and forward it to the state.
- States could be encouraged to contract with plans to implement renewal-related portions of New York's Facilitated Enrollment (FE) program, through which MCOs have renewed their members' coverage for many years, including by signing on members' behalf. With FE, an MCO staffer or contractor meets all state requirements to serve as an application assister. Like other assisters, the MCO staffer or contractor signs renewal and redetermination forms on the member's behalf, but only after obtaining specific authorization. Key FE guardrails such as prohibition of compensation that rewards staff for increased levels of enrollment would need to be replicated in states implementing such a policy.

According to [Kaiser Family Foundation data](#), nearly three in four Medicaid beneficiaries (72%) are enrolled in MCOs. The policy we urge would let MCOs nimbly mobilize resources to prevent procedural terminations and restore coverage for members who have already experienced such terminations.

We would appreciate the opportunity to further discuss this policy solution. Thank you for your consideration.

**Sincerely,**  
**The Enrollment Coalition**