

2/15/23

Re: Support for Continuous Eligibility of Medicaid, SF531 (Wiklund)

Dear Chair and members of the Senate Health and Human Services Committee:

We are writing to express our support for continuous eligibility for Medicaid coverage. Continuous eligibility ensures that individuals and families who are already enrolled in Medicaid do not lose coverage due to administrative hurdles or minor fluctuations in income, and that the youngest Minnesotans in the state have consistent access to healthcare coverage.

This policy helps to ensure that individuals and families have access to consistent and reliable healthcare, which is essential for physical and financial well-being.

Medicaid “churn” - people being repeatedly dropped off of Medical Assistance (MA) due to problems with redetermination or small eligibility changes, only to re-enroll months later – is a chronic problem that causes costly disruptions in access to care for Minnesota children and adults and the providers and state agencies that serve them.

Since the beginning of the COVID-19 federal public health emergency, Minnesota has complied with federal requirements to pause disenrollments, keeping anyone determined eligible continuously enrolled. During this time, new applications to MA have dropped significantly, demonstrating just how many of Minnesota’s typical monthly MA applications were not newly eligible individuals and families, but due to churn. The federal end-of-year spending bill passed at the end of 2022 allows pre-pandemic eligibility processes to resume this April. When they do, if we return to our old policies, we can expect to see not only a return to high levels of churn but a spike, given the large number of renewals to process and the long time-lapse since last contact with many enrollees.

SF531 (as amended) would smooth that transition and implement the eligibility lessons of the pandemic through three policies:

- 1. Maintain 12 month continuous eligibility of Medicaid.**

Once determined eligible for MA, enrollees would be eligible for 12 months, without the threat of losing coverage due to changes such as small fluctuations in income or issues with periodic data matching. Thirty-four states already offer this for children, and at least two states offer it for all enrollees through a demonstration project (MT and NY).

Continuous eligibility for children protects them from being dropped from coverage due to system or parental error, and encourages parental confidence in scheduling and keeping medical, dental, and mental health appointments with trusted providers.

Continuous eligibility for all MA enrollees strengthens the benefit to children through continuity of family coverage, offers an off-ramp to adults transitioning to better paying jobs, and stabilizes access to mental health care and critical medications for vulnerable adults. Continuous eligibility is also an important health equity policy. A [report from federal HHS](#) projected that people of color and children will be more likely to lose Medicaid coverage for procedural reasons when the continuous coverage protection ends.

2. Maintain multi-year continuous MA coverage for children up to age six.

This bill ensures young children who are enrolled in Medicaid have uninterrupted continuous coverage from the time they are first determined eligible until age six. Consistent access to medical care and check-ups improves children's health outcomes, supports school readiness, supports health equity, and lowers administrative burdens on families. The 2022 DHS report "[Building Racial Equity into the Walls of Minnesota Medicaid](#)" recommends continuous eligibility for 72 months up to age 6 and 24 months for older enrollees.

Evidence shows 85% of the brain's development occurs before a child's sixth birthday. Healthy development during these critical years is needed to be prepared for all future physical, mental, and emotional learning. Continuous coverage will reduce churn and allow for more predictable access to care, facilitating early screenings and early interventions that improve lifelong outcomes and mitigate costlier care as children age.

3. Reduce churn by codifying DHS best practices.

A high percentage of churn is driven by eligible enrollees not receiving their 12-month eligibility renewal notice, often due to high mobility, homelessness, and language needs. SF531 would codify current DHS best practices and expand on them to ensure DHS has the most up to date mailing addresses and contact information for MA enrollees and makes at least two attempts to contact enrollees if mail is returned before issuing a notice of pending disenrollment.

Please support SF531 to improve healthcare access, support stability for low income families and their health care providers, and reduce administrative waste.

Signed,

Accord

American Cancer Society Cancer Action Network

AspireMN

Catholic Charities Twin Cities

Children's Defense Fund Minnesota

Children's Minnesota

Faith in Minnesota

Gillette Children's

Hennepin Healthcare

ISAIAH

Legal Services Advocacy Project

Main Street Alliance

Minnesota Budget Project

Minnesota Community Action Partnership

Minnesota Doctors for Health Equity

Minnesota First Community Solutions

Minnesota Hospital Association

Minnesota Nurses Association

Minnesota Prenatal to Three Coalition

Minnesota Social Service Association

NAMI Minnesota

(over)

National Psoriasis Foundation

Portico Healthnet

Rainbow Health

SEIU Healthcare Minnesota & Iowa

TakeAction Minnesota

The Amherst H. Wilder Foundation

The Arc Minnesota

The Center for Victims of Torture

The Long-Term Care Imperative

This is Medicaid