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Michigan Association of Health Plans

November 1, 2023

Subject: Medicaid Redetermination

Dear Members of the House Appropriations Subcommittee on Health and Human Services,

On behalf of the Michigan Association of Health Plans (MAHP) and its eleven members, I would first like to thank Chairwoman Morse and members of the House Appropriations Subcommittee on Health and Human Services for your willingness to hear from stakeholders regarding Michigan's ongoing Medicaid coverage redetermination process. Of the 2.2 million individuals enrolled in a Medicaid managed care plan, MAHP's members proudly provide coverage to all 2.2 million beneficiaries in Michigan, placing our members at the forefront of the redetermination process.

During the COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act, which required state Medicaid agencies to continue healthcare coverage for all medical assistance programs, regardless of eligibility status. This requirement was ended by the federal Consolidated Appropriations Act of 2023, signed on December 29, 2022, and Medicaid renewals officially resumed in Michigan in June 2023. Throughout this time, MAHP and its members have worked diligently to ensure Michigan's Medicaid managed care population has access to trusted, reliable information and resources to help them maintain or enroll in health insurance coverage.

Given MAHP's role in assisting the state's managed care population throughout the redetermination process, it is important to share some of the successful strategies MAHP members have employed while also pointing out potential areas of improvement. MAHP members have engaged in the following strategies to assist beneficiaries:

- General outreach, including text messages, direct mail, live calls, robo calls, and social media campaigns.
- Established local partnerships to spread awareness and provide resource materials, including hospitals and doctor's offices, Federally Qualified Health Centers (FQHCs), local public health departments and navigators, community-based health agencies, and community centers.
- Implement direct processes between Medicaid managed care plans and the Michigan Department of Health and Human Services (MDHHS) to update member addresses and contact information.

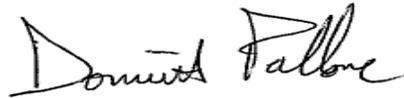
- Direct member outreach, including live calls where plans may educate beneficiaries about their enrollment options and provide assistance in completing renewal paperwork.

While Michigan's Medicaid redetermination numbers are amongst the highest in the nation, MAHP has identified the following barriers worth noting to the committee:

- Health plans are currently prohibited from signing and submitting paperwork on behalf of members due to a CMS federal policy under section 1902(e)(14)(A) of the Social Security Act, even if they have their members' expressed permission to do so. MAHP encourages MDHHS and state policymakers to advocate for regulatory changes to CMS to allow greater flexibility for managed care plans to assist their members with submitting and signing renewal paperwork.
- Renewal forms are only available through mailings, MiBridges, and DHHS locations. Blank forms should be made available to health plans, navigators, physician offices, health systems, social service agencies, and others who work with Medicaid enrollees.

Again, thank you, Chairwoman Morse and members of the House Appropriations Subcommittee on Health and Human Services, for your attention to this important matter.

Sincerely,

A handwritten signature in black ink that reads "Dominick Pallone". The signature is written in a cursive style with a large, stylized 'D' and 'P'.

Dominick Pallone
Executive Director
Michigan Association of Health Plans