



February 3, 2023

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

Re: KanCare 1115 Demonstration Extension Request

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the KanCare 1115 Demonstration Extension Request.

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 Kansas' Medicaid program provides quality and affordable healthcare coverage. We support the state's inclusion of continuous eligibility for parent and caretaker relatives, and for children aging out of the Children's Health Insurance Program (CHIP), and we urge you to approve these requests.

Continuous eligibility is an important policy to improve access to care for parents and caregivers and for children aging out of CHIP. 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.¹ 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.² Implementing continuous eligibility is also an important step in improving health equity.³ For example, studies shows 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

This policy will also reduce churn within the program and its administrative burden on Medicaid offices, which will be particularly important at the end of the COVID-19 continuous coverage requirements. A recent report from the Kaiser Family Foundation found that more than 40% of individuals who were disenrolled from Medicaid/CHIP eventually re-enrolled within a year.⁵ Continuous eligibility eases the administrative burden that these changes in enrollment status place on the program.

The original approval of the continuous eligibility policy for children aging out of CHIP was tied to the end of the public health emergency (PHE). It is unclear how the new federal law delinking of the continuous enrollment protection from the COVID PHE will affect the state's ability to continue this policy. We urge CMS to work with the state to ensure that this eligibility group will not lose coverage until at least the end of the state's unwinding period, and that they are screened for alternative coverage options.

Our organizations support continuous eligibility as a method to reduce negative health outcomes for patients and to reduce administrative burden for Medicaid offices and we urge CMS to approve these requests.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Cancer Support Community
CancerCare
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Lupus Foundation of America
Lutheran Services in America

National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

¹ 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>

² MACPAC. Effect of Churn on Potentially Preventable Hospital Use. July 2022. Available at: [Effects of Churn on Potentially Preventable Hospital Use \(macpac.gov\)](https://www.macpac.gov/effect-of-churn-on-potentially-preventable-hospital-use/)

³ 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>

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. [Gaps in Coverage: A Look at Child Health Insurance Trends – Center For Children and Families \(georgetown.edu\)](https://www.georgetown.edu/ccf/gaps-in-coverage-a-look-at-child-health-insurance-trends/)

⁵ Kaiser Family Foundation. What Happens After People Lose Medicaid Coverage. January 2023. Available at: <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>.