



February 5, 2025

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

Re: Comprehensive Care for Colorado Extension Request

Dear Acting Secretary Fink:

Thank you for the opportunity to submit comments the Comprehensive Care for Colorado demonstration.

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 Colorado’s Medicaid program provides quality and affordable healthcare coverage. We support the state’s proposals to provide transitional services for justice-involved individuals otherwise eligible for Medicaid or CHIP and to continue to provide continuous eligibility for young children and adults released from carceral settings. Our organizations urge CMS to approve these policies and offer the following comments on the Comprehensive Care for Colorado demonstration:

Continuous Eligibility For Children

Our organizations support the state's proposal to continue to provide multi-year continuous eligibility for children under four. Continuous eligibility protects patients and families from gaps in care. 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

This policy will also reduce churn within the program and its administrative burden on Medicaid offices. The state's data shows that 20% of children in Colorado experience churn in coverage before age four.² In 2015, it was estimated that the administrative cost of a single enrollee's churn from being disenrolled and reenrolled is between \$400 and \$600.³ Continuous eligibility eases the administrative burden that these changes in enrollment status place on the program.

This policy will also benefit children with chronic conditions, who may have greater health needs and require timely care. Gaps in Medicaid coverage have been shown to increase negative health outcomes for ambulatory care-sensitive conditions like respiratory diseases and heart disease.⁴ For children, this can mean more missed school days and falling behind during the critical early years of life.⁵ Overall, continuous eligibility improves access to and continuity of care for children.

Pre-Release Services and Continuous Eligibility for the Justice-Involved Population

Our organizations support Colorado's proposal to provide a targeted set of Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. This proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions and to maintain continuity of care. For example, studies in Washington and Florida reported that people with severe mental illness and Medicaid coverage at the time of their release were more likely to access community mental health services and had fewer detentions and stayed out of jail longer than those without coverage.⁶ CMS should work with the state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Additionally, our organizations support the continuation of twelve-month continuous eligibility for adults exiting a Department of Correction facility. As stated above, we support continuous eligibility as a method for improving continuity of care and preventing negative health outcomes.

Conclusion

Our organizations support Colorado's proposals to implement pre-release services for the justice-involved population and to continue to provide continuous eligibility for children and adults exiting state correctional facilities. We urge CMS to approve these requests. Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Diabetes Association
American Heart Association
American Lung Association
CancerCare
Epilepsy Foundation America

Immune Deficiency Foundation
Leukemia & Lymphoma Society
National Bleeding Disorders Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
The AIDS Institute

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 Colorado Medicaid Coverage for Justice-Involved Population Re-entry, Severe Mental Illness, and Continuous Eligibility. Substance Use Demonstration Amendment Request. Colorado Department of Health Care Policy and Financing. January 25, 2024. Available at https://hcpf.colorado.gov/sites/hcpf/files/Amendment_1115_SUD_Waiver_2024.1.24.pdf

³ Swartz, Katherine et al. "Reducing Medicaid Churning: Extending Eligibility for Twelve Months or To End of Calendar Year is Most Effective." Health Affairs, July 2015. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

⁴ MACPAC. Effect of Churn on Potentially Preventable Hospital Use. July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf

⁵ Burak, Elisabeth Wright. "Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP)." Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: <https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>

⁶ Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794-801. DOI: 10.1176/ps.2007.58.6.794.