

April 18, 2022

Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Request for Information (2022) Access to Coverage and Care in Medicaid & CHIP

Dear Administrator Brooks-LaSure,

National Patient Advocate Foundation (NPAF) is pleased to submit feedback to the Centers for Medicare and Medicaid Services' Request for Information on Access to Coverage and Care in Medicaid and the Children's Health Insurance Program (CHIP). We appreciate the Administration's leadership in setting forth a multifaceted approach to drive equitable access to health care for Medicaid and CHIP beneficiaries across all care delivery systems.

NPAF advocates for inclusive policies and practices that elevate patient and caregiver voices and put their perspectives at the heart of healthcare. Health equity forms the core of our person-centered agenda, which prioritizes health, financial and social stability as essential aspects of quality care. Our direct patient services counterpart, Patient Advocate Foundation (PAF), has delivered skilled needs navigation services specifically supporting social and financial well-being for thousands of patients and families over its 25 years.

PAF works to identify and address individuals' unmet needs and overcome health system shortfalls that fail to account for the wide range of social and financial needs faced by patients and their caregivers. Concern about the lack of these basic needs are frequent sources of distress and disparate outcomes among people coping with complex chronic conditions. According to survey data compiled by PAF, patients report financial distress as a top concern surpassing even the possibility of dying.

Needs navigation, detailed in [this NPAF issue brief](#), is a range of services that meets people where they are and helps determine their top financial and social concerns, and provides a playbook with guidance for finding responsive coverage, safety net supports and other services. This personalized approach helps people navigate complexities inherent in the health system by linking individuals and families to appropriate government and community resources including Medicaid and CHIP. By providing critical needs navigation services, PAF has helped hundreds of thousands of limited-resourced individuals nationwide in overcoming barriers to accessing the three dimensions of the health care continuum: 1) enrollment in coverage; 2) maintaining coverage; and 3) access to services and supports.

NPAF urges consideration of needs navigation as a tactical and practical solution that promotes whole person care and can help ensure Medicaid- and CHIP-eligible individuals are connected to programs.

Our comments address the following objectives in the RFI:

- Objective 1 on how Medicaid and CHIP reaches people who are eligible and who can benefit from such coverage,
- Objective 2 on how Medicaid and CHIP beneficiaries experience consistent coverage, and
- Objective 3, Question 3 on how CMS can promote whole person care and care coordination.

Objective 1, Question 3

In what ways can CMS support states in addressing barriers to enrollment and retention of eligible individuals among different groups including underserved communities?

NPAF urges consideration of health equity strategies that propagate predictable and understandable needs navigation services as essential gateways for at-risk populations to learn about available insurance options and the steps for enrolling in and maintaining them.

Making high quality, skilled needs navigation services equitably and reliably available in all care settings is a central aspect of improving health and financial stability for patients and families, especially those living in underserved communities and medical professional shortage areas. Without skilled needs navigation services, many patients resort to delaying care or have to choose between medicine or food. These actions undermine the goals of federally supported health coverage programs like Medicaid and CHIP. For optimal outcomes, these needs navigation services should be introduced before patients' financial and social circumstances become dire.

Fortunately, existing programs can help pave the way. We urge CMS to support adding needs navigation enhancements to address persisting health coverage and social inequities through targeted refinements in programs such as Targeted Case Management (TCM). As of 2018, thirty-six states offer TCM as a covered benefit for specified sub-populations such as pregnant women and patients with intellectual disabilities.¹ NPAF supports modifications to the purpose and allowable use of funds in TCM and other federal safety net programs to support needs navigation services which could facilitate insurance enrollment, retention of coverage, all while mitigating disparities.

Objective 2, Question 3

What actions could CMS take to promote continuity of coverage for beneficiaries transitioning between Medicaid, CHIP, and other insurance affordability programs?

Federal efforts to standardize and scale needs navigation can be a solution to help all eligible people access appropriate government programs across all agencies and care settings that promote whole person care. Additionally, CMS can take steps to ensure coordination between existing programs such as TCM, the Marketplace Navigator program, and others that provide enrollment assistance.

Objective 3, Question 3

How could CMS consider the concepts of whole person care or care coordination across physical health, behavioral health, long-term services and supports (LTSS), and health-related social needs when establishing minimum standards for access to services?

NPAF urges consideration of routine screening that identifies peoples' financial and social needs as part of minimum standards for Medicaid and CHIP plans because screening and subsequent needs navigation services promote care coordination and whole person care.

Most U.S. hospitals and physician practices do not have processes in place to discern or document patient and caregiver material hardships (food, utilities, housing insecurity), transportation barriers, and interpersonal violence challenges that would benefit from targeted intervention and safety net program supports.ⁱⁱ In contrast, care settings that do provide these needs-based screenings and services referral navigating to specific financial and social supports have shown return on investment that includes increased treatment adherence, improved outcomes, and reduced overall costs for both patients and health systems.^{iii, iv}

We appreciate that CMS is exploring concepts for integrating health-related social needs in minimum standards for access to services. Screening and services referral in clinical and community health settings to identify and address peoples' financial and social concerns and impending social determinants of health are scattered at best and not currently standardized to foster accountability for equity in quality care delivery. A sustained focus on identifying social and financial needs and providing resources for needs navigation services would help mitigate health disparities particularly in under resourced communities.

Conclusion

NPAF appreciates the Administration's focus on improving equitable access to care in Medicaid and CHIP and will be pleased to work with Administration offices and staff to optimize existing government programs, so they effectively connect eligible individuals to appropriate services and supports. Providing needs navigation services directly to patients and caregivers is a hallmark of PAF's two and a half decades of organizational experience, expertise, and history. We are happy to share lessons learned and welcome the opportunity to meet directly with Administration staff to discuss our input in these comments. Please contact Nicole Braccio at Nicole.Braccio@npaf.org or 202-301-9552 if we can provide further details.

Respectfully submitted,



Rebecca A. Kirch
EVP Policy and Programs

ⁱ Kaiser Family Foundation. Medicaid Benefits: Targeted Case Management. Timeframe 2018. Available at: <https://www.kff.org/medicaid/state-indicator/targeted-case-management/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

ⁱⁱ Frazee TK et al. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. *JAMA Network Open*. 2019;2(9):e1911514

ⁱⁱⁱ Yezefski T, Steelquist J, Watabayashi K et al. Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending. *Am J Manag Care*. 2018;24(5 Suppl):S74-S79

^{iv} Ell K, Vourlekis B, Xie B et al. Cancer Treatment Adherence among Low-Income Women with Breast or Gynecologic Cancer: A Randomized Controlled Trial of Patient Navigation. *Cancer*. 2009 October 1; 115(19): 4606–4615.