



December 9, 2011

Margret A. Murray  
Chief Executive Officer  
Association for Community Affiliated Plans  
1015 15th Street NW, Suite 950  
Washington, DC 20005

Dear Ms. Murray:

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state, and local consumer organizations, policymakers, and foundations, providing leadership and support to change the health care system so it serves everyone – especially vulnerable members of society.

Community Catalyst has long been concerned about that impacts that churning on and off of public programs has on the health and economic stability of low-income families. Too many people enroll in Medicaid each year, only to subsequently lose their coverage – despite still being eligible – because of inefficient and cumbersome paperwork requirements. These interruptions can cause long gaps in health insurance coverage, negatively affecting the continuity and effectiveness of health care received. More importantly, it negatively affects the health status of some of our most vulnerable families, and results in higher health care costs upon re-enrollment.

We support the Association for Community Affiliated Plans' proposed 12-month continuous eligibility requirement. ACAP's proposal for a 12-month minimum enrollment period will reduce the number of uninsured and improve continuity of coverage and health outcomes for enrollees. Looking ahead to the advent of health insurance Exchanges, this proposal would help harmonize the eligibility period of Medicaid with that of the Exchange and private insurance coverage.

Community Catalyst also supports the provision in ACAP's proposal to require reporting of quality measures for all Medicaid enrollees, regardless of whether they are enrolled in a managed care organization, primary care case management system, or the state's Medicaid fee-for-service program. This will move Medicaid in the direction of other major payers by requiring across-the-board quality reporting from all providers. In turn, states, the federal government, providers and consumers will be empowered to evaluate and make decisions based on reported comparable quality measures.

Your proposal offers a common-sense solution to modernize the Medicaid program's eligibility and quality requirements. We support legislation in Congress that would achieve these goals.

Sincerely,

A handwritten signature in cursive script that reads "Robert Restuccia".

Rob Restuccia  
Executive Director  
Community Catalyst