



Welcome to *Washington Update*, the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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Easier Enrollment And Renewals Ahead In Medicaid, CHIP, And The Basic Health Program

Millions of eligible people will find it easier to enroll in and keep their Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) coverage in the states that have adopted one under a [final rule](#) released by the Centers for Medicare & Medicaid Services (CMS) this week. The rule simplifies eligibility requirements across these programs; streamlines and removes various barriers to enrollment; modernizes recordkeeping for eligibility and enrollment; and imposes new requirements aimed at making coverage renewals more likely and minimizing the odds that eligible people will lose their coverage unnecessarily.

The rule is scheduled to be published April 2 and will go into effect in June.

The specifics: Among the rule's provisions are the following:

- States will no longer be able to require in-person interviews for individuals whose eligibility for a program is based on being age 65 or older or having blindness or disability. For these individuals, states can conduct renewals no more often than once a year, with limited exceptions.
- States will have to follow a clear process to prevent termination of eligible individuals who should be transitioned between Medicaid and CHIP when their income changes or when they appear to be eligible for the other program.
- States can no longer require a waiting period for children enrolling in CHIP, and annual and lifetime limits on benefits under the program would be banned. In addition, children enrolled in the program will be able to re-enroll without a lockout period if their families miss a premium payment.
- Medicaid, CHIP, and BHP applicants will have at least 15 days to return information requested by a state in connection with an initial enrollment application, and 30 days to provide documentation needed to remain enrolled.

In a separate action, CMS also moved this week to extend from July 31 to Nov. 30 a temporary special enrollment period for people who have lost Medicaid or CHIP due to the post-pandemic “unwinding” of coverage protections. The extension will allow such individuals more time to sign up for Affordable Care Act marketplace coverage in states using HealthCare.gov.



Policy Proposals On The Right And Left Target Health Programs Amid Election-Year Politics

Proposals from both sides of the political spectrum preview health care policy debates that may re-emerge this year – particularly as the November elections grow closer.

From the right, the House [Republican Study Committee](#) (RSC) has advanced its own [fiscal 2025 federal budget proposal](#) as a counterpoint to the Biden administration's budget plan. Its standard-issue conservative proposals would balance the budget within seven years while preserving the solvency of the Medicare Trust Funds, the RSC says. Specific proposals include converting Medicaid, reduced versions of the Affordable Care Act's (ACA) coverage subsidies, and the Children's Health Insurance Program (CHIP) into “flexible” block grants to states; gutting the pre-existing condition insurance restrictions in the ACA and replacing these with “guaranteed coverage” pools; and merging Medicare's trust

funds to enable a “premium support” model in which private plans would compete with a federal Medicare plan to provide traditional Medicare benefits.

From the left-leaning Center for American Progress (CAP) comes the latest version of [proposals](#) advanced by Obama-era Centers for Medicaid & Medicare officials Donald Berwick and Rick Gilfillan. The proposals are predicated on the authors’ analysis that the federal government pays 22% to 39% more for each Medicare beneficiary in Medicare Advantage versus one in traditional, fee-for-service Medicare.

CAP’s proposed reforms would address this “overpayment” by sharply lowering the Medicare benchmarks against which MA plans bid – stripping out of those benchmarks the Medicare spending paid for by private supplemental Medicare insurance, or Medigap plans – or by paying plans based on the average competitive MA plan bid in a given county, whichever is lower. The resulting savings from eliminating the “overpayments” to MA plans could be used to beef up benefits under the traditional Medicare program, as the authors also [propose](#).

Given the controversial aspects of all of these proposals, none is likely to be adopted soon, particularly in an election year. But depending on which party controls the White House and both houses of Congress in 2025, it’s a reasonable bet that some may influence future policy actions.



Some Progress Eases Disruptions From Change Healthcare Cyberattack

The payment crisis following the cyberattack that paralyzed Change Healthcare in February appears to be easing somewhat, amid [restoration](#) of some of the clearinghouse’s functions and temporary loan assistance to providers.

UnitedHealth Group, for example, now says it has extended more than \$3.3 billion in loans to providers whose claims or payments have been disrupted. Funds have also been advanced to assist providers affected by disruptions in Medicare Part A and B payments, although it is unclear how much. Some states, including Maryland, have also stepped in to advance payments to providers under Medicaid.

Although Change Healthcare has said it expects to restore many more functions over the next two weeks, it [acknowledges](#) that it “lacks a line of sight” as to when all will be back to normal. APG will continue to monitor developments on members’ behalf.



Arguments In Supreme Court Case Suggest Permanent Abortion Pill Limits Are Unlikely

Based on oral arguments that it heard this week, the U.S. Supreme Court appears likely to preserve access to the abortion drug mifepristone when it issues a final ruling in a controversial [case](#) later this year, court watchers have [concluded](#). A majority of justices appeared to believe that the anti-abortion rights group that brought the original suit on behalf of doctors and medical groups had failed to show that these providers experienced any harm, since they had not been forced to prescribe the drug or perform abortions themselves.

Mifepristone, one of two drugs used in so-called medication abortions, won approval from the Food and Drug Administration in 2002 and is considered [overwhelmingly safe](#).

A final ruling is expected in late June or early July.



APG Announcements And Offerings

- CMS will host an informational webinar on the new ACO Primary Care Flex Model on April 4 from 2:00 - 3:00 pm ET. Register [here](#).
- On Tuesday, April 9, 2:00-3:00 pm ET, APG will host a members-only webinar on the Medicare Advantage and Part D Final Rule announcement. Register [here](#).
- On Wednesday, April 24, 12:00 - 1:00 pm ET, APG will host a members-only focus group on the Medicare Advantage Request for Information. Register [here](#).
- On Thursday, May 2, 12:00 - 1:00 pm ET, APG will host a second members-only focus group on the Medicare Advantage Request for Information. Register [here](#).
- APG will host an Emerging Trends in Health Care Webinar on May 16, 12:00 pm – 12:45 pm ET, with guest Rebekah Gee, MD, CEO of Nest Health. Register [here](#).
- Registration is open for the APG Spring Conference in San Diego from May 29-31. Register [here](#).
- Want to get more involved in APG's Federal advocacy efforts? [Join APG Advocates today](#).

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