



August 8, 2025

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

**Re: Illinois Continuity of Care and Administrative Simplification Extension and Amendment Request**

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on Illinois' Continuity of Care and Administrative Simplification 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 Illinois' Medicaid program provides quality and affordable healthcare coverage and offer the following comments on the Illinois Continuity of Care and Administrative Simplification Demonstration:

#### **Managed Care Reinstatement within 90 Days**

Our organizations support the state's proposal to continue managed care organization (MCO) reinstatement for beneficiaries who submit redetermination paperwork within 90 days of losing coverage. This proposal aligns state and federal enrollment policy and promotes continuity of care by allowing beneficiaries to quickly and efficiently reconnect with their previous health plan and providers. This is critical for patients with chronic and serious conditions, as research shows that individuals with disruptions in coverage during a year are more likely to delay care, refill prescriptions less often, and have more emergency department visits.<sup>1</sup> In addition, allowing beneficiaries to bypass enrollment in the fee-for-service system reduces administrative burden and churn, which is estimated to cost between \$400 and \$600 per person who is disenrolled and reenrolled.<sup>2</sup> Our organizations urge CMS to approve this request.

#### **Temporary Waiver of Presumptive Hospital Eligibility**

Our organizations oppose the continued temporary waiver of presumptive hospital eligibility. This would allow the state to continue to prohibit temporary, on-the-spot Medicaid eligibility determinations by hospitals for individuals who appear to qualify for Medicaid. It is common that individuals are unaware they are eligible for Medicaid until a medical event occurs. Presumptive hospital eligibility allows patients to access critical care without facing financial barriers or being burdened by medical debt. Medicaid-eligible individuals who face substantial costs could end up delaying their treatment because of these costs. For individuals with serious and chronic conditions, a delay in necessary treatment can exacerbate their condition and lead to worsened health outcomes. While the state intends to only temporarily extend this waiver, our organizations urge CMS to work with Illinois to instead prioritize implementation of presumptive hospital eligibility.

#### **Acceptance of Out-of-State Address Updates**

Our organizations support the proposal to accept out-of-state address updates from reliable sources to reduce administrative burden. However, CMS should work with the state to ensure that individuals are not inappropriately disenrolled from coverage, either due to data errors or lack of notice. Medicaid beneficiaries who face housing instability or who lack reliable contact information may be disproportionately affected by address-based terminations. Our organizations urge CMS to ensure that the state has a clear process for the fee-for-service system and MCOs to confirm address changes with enrollees to reduce the risk of improper coverage loss.

Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis

American Cancer Society Cancer Action Network

American Diabetes Association

American Heart Association

American Kidney Fund

American Lung Association

Cancer Nation (formerly National Coalition for Cancer Survivorship)

Coalition for Hemophilia B

Epilepsy Foundation of America  
Hemophilia Federation of America  
Hypertrophic Cardiomyopathy Association  
Leukemia & Lymphoma Society  
Lupus Foundation of America  
Lutheran Services in America  
March of Dimes  
National Bleeding Disorders Foundation  
National Multiple Sclerosis Society  
National Patient Advocate Foundation  
National Psoriasis Foundation  
Susan G. Komen  
The AIDS Institute  
WomenHeart  
ZERO Prostate Cancer

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<sup>1</sup> 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>

<sup>2</sup> 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>