

June 11, 2025

The Honorable Mike Crapo
United States Senate
239 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
United States Senate
221 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senators Crapo and Wyden,

The National MLTSS Health Plan Association (MLTSS Association) represents managed care organizations (MCOs) that provide long-term services and supports (LTSS) within Medicaid through risk-based arrangements with states.¹ Our members assist states in delivering high-quality LTSS at the same or lower cost as the fee-for-service system, with a particular focus on ensuring individuals' quality of life and independence.

MLTSS Association members are also leaders in integrated care — a system that aligns the delivery, payment, and administration of Medicare and Medicaid benefits for individuals who are dually eligible for both programs.² There is significant overlap between MLTSS and the dually eligible population — over 60% of individuals who use Medicaid-funded LTSS are dually eligible, and this proportion grows to 95% of Medicaid-funded LTSS users over age 65.³

Over 12 million Americans are dually eligible. Dually eligible individuals have complex health and social needs, including a high burden of chronic disease — over 25% of dually eligible individuals have five or more chronic conditions, and over 40% are in fair or poor health. Dually eligible individuals, while accounting for only 19% of Medicare enrollees and 13% of Medicaid enrollees, account for 1/3 of each programs spending — underscoring the importance of integrated care, which aims to minimize administrative burden and costs to states and the Federal government while providing high-quality care for this population. Dually eligible individuals reside in every Congressional district in the United States. The MLTSS Association and the Special Needs Plan (SNP) Alliance recently released a resource that breaks down the number of dually eligible individuals in each state and Congressional district, and that information is available [here](#).

Integrated care is delivered primarily through Dual Eligible Specials Needs Plans (D-SNPs), Medicare Advantage (MA) plans specifically designed to meet the needs of dually eligible individuals. D-SNPs provide enhanced care coordination, comprehensive supplemental benefits, and wraparound services, including LTSS and Behavioral Health. To enroll in a D-SNP, an individual must be eligible for Medicare as well as eligible to receive Medicaid benefits in their state.

The MLTSS Association is greatly concerned about the impacts of the “One Big Beautiful Bill Act” on dually eligible individuals. Specifically, the potential delay in implementation of the Streamlining

¹ Members include Aetna, AlohaCare, AmeriHealth Caritas, CareSource, Centene, Commonwealth Care Alliance, Elevance Health, Florida Community Care, Humana, LA Care, Molina Healthcare, Neighborhood Health Plan of Rhode Island, VNS Health, UnitedHealthcare, UPMC Community HealthChoices

² [What is Integrated Care | Medicare Messenger](#)

³ [Who Uses Medicaid Long-Term Services and Supports? | KFF](#)

Medicaid; Medicare Savings Program Eligibility Determination and Enrollment Final Rule⁴ and the Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule⁵ — known together as the Eligibility and Enrollment Final Rule — would have significant impacts on dually eligible individuals' access to the Medicaid and Medicare benefits they need to live safely and optimally independently. The Enrollment and Eligibility Rule was intended to reduce complexity in Medicaid eligibility and determination processes, especially for individuals with disabilities and older adults.⁶

Many of the provisions in this rule align with the Administration's focus on reducing fraud, waste, and abuse within Federal programs. For example, this rule requires states to use existing data to determine an individual's eligibility for Medicare Savings Programs (MSPs). This is accomplished through mechanisms such as automatically enrolling most Supplemental Security Income (SSI) recipients into the Qualified Medicare Beneficiary (QMB) program, the most comprehensive MSP, and using Medicare Part D low-income subsidy (LIS) program data to enroll people with LIS into MSPs. Once the rule is fully implemented in 2029, CMS estimates that these two provisions will increase dually eligible individuals' enrollment in the Medicare Savings Programs by nearly 1 million person-years.⁷

The Enrollment and Eligibility rule also aligned the application and renewal policies for people who qualify for Medicaid on the basis of age or disability with those for people who qualify for Medicaid based on their income. Without this rule, people with disabilities and the elderly face significant barriers to Medicaid enrollment that are not imposed on other populations. For example, states would be permitted to require individuals who qualify for Medicaid on the basis of age or disability to apply for and renew their Medicaid coverage in-person — an unnecessary and unequal requirement that places barriers to care onto an already vulnerable population. Reducing the red tape associated with the Medicaid and MSP enrollment and eligibility processes allows state and Federal programs to be better stewards of taxpayer dollars while also ensuring that dually eligible individuals have access to these vital programs.

According to the Congressional Budget Office (CBO), rescinding the Eligibility and Enrollment rule will cause 2.3 million Americans to lose their Medicaid coverage, 60% of whom are dually eligible individuals.⁸ These individuals will remain eligible for Medicaid, but will lose coverage due to complex and outdated enrollment and eligibility processes.

For dually eligible individuals, losing Medicaid coverage will be particularly devastating. Without Medicaid, dually eligible individuals will lose access to Home and Community-Based Services (HCBS), ultimately leading to higher medical costs and increased admissions to hospitals and nursing homes.⁹ As the primary payer in the United States for home-based care, Medicaid enables Medicare enrollees to age in their homes and remain in their communities. Medicaid is also the primary payer for over 60% of

⁴ [Federal Register: Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment](#)

⁵ [Federal Register: Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes](#)

⁶ [Rescinding the Eligibility and Enrollment Rule Would Thwart Efforts to Improve Efficiency in Medicaid and Efforts to Reduce Improper Payments | Georgetown University Center for Children and Families](#)

⁷ [What Does the Medicaid Eligibility Rule Mean for Low-Income Medicare Beneficiaries and the Medicare Savings Programs \(MSPs\)? | KFF](#)

⁸ [Estimates for Medicaid Policy Options and State Responses | Congressional Budget Office](#)

⁹ [Impact of HCBS on Nursing Home use and Impact of HCBS | LeadingAge LTSS Center UMass Boston](#)

nursing home residents, and in some states — including Alaska, Georgia, Louisiana, Mississippi, and West Virginia — more than 70% of nursing home residents rely on Medicaid.¹⁰ For dually eligible individuals, Medicaid covers essential services that Medicare may not – including transportation to medical appointments, medical equipment, and dental, vision, and hearing coverage - as well as helping to pay for Medicare premiums, coinsurance, and copays.¹¹ Medicaid also provides coverage for behavioral health services, which are incredibly important to this population as 64% of full benefit dually eligible individuals have a behavioral health diagnosis, compared to 40% of individuals who are only eligible for Medicare.¹² Overall, Medicaid saves Medicare dollars by filling in gaps in coverage and affordability for dually eligible individuals, helping to prevent hospitalizations and poor health outcomes for these individuals.

Due to the outsized impact of the rescission of the Enrollment and Eligibility rule on dually eligible individuals, we urge Congress to remove this provision from the One Big Beautiful Bill Act. Rescinding this rule will only add administrative complexity to the Medicaid enrollment and eligibility process and will result in millions of eligible Americans losing their Medicaid coverage.

The MLTSS Association welcomes the opportunity to collaborate with members of Congress to improve care delivery for dually eligible individuals and individuals who rely on Medicaid-funded LTSS. Please do not hesitate to contact us if you have any questions or would like any additional information.

Sincerely,



Mary Kaschak
Chief Executive Officer, The National MLTSS Health Plan Association

¹⁰ [A Cut to Medicaid is a Cut to Medicare | Justice in Aging](#)

¹¹ [A Cut to Medicaid is a Cut to Medicare | Justice in Aging](#)

¹² [A Profile of Medicare Medicaid Dual Beneficiaries | ATI Advisory](#)