March 30, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-6098-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Request for Information (RFI) Related to Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH)

Dear Administrator Oz:

For the past 55 years, the National Association of Community Health Centers (NACHC) has been the leading national, nonpartisan organization dedicated to supporting Community Health Centers (CHCs), also known as Federally Qualified Health Centers, as the Employer, Provider, and Partner of choice in all communities. Collectively, CHCs are the largest primary care network in the nation, serving as the medical home for 52 million patients[1] and employing 326,000 dedicated staff.

For 60 years, CHCs have provided high-quality, affordable, comprehensive care – including primary, preventive, dental, behavioral health, pharmacy, vision, and other essential health services at over 17,000 locations across rural and nonrural communities. This includes 1 in 3 rural residents and 1 in 2 in poverty. As our nation's largest primary care system, there is strong evidence, including from the Congressional Budget Office, that our work saves lives and also saves Medicaid and Medicare billions annually by reducing costly emergency, inpatient, and specialty care.[2] Research shows that every dollar invested in primary care yields a 13-to-1 return in overall health system savings.[3]

NACHC appreciates the Administration's continued focus on oversight of key federal programs, such as Medicare, Medicaid, Marketplace and the Children's Health Insurance Program (CHIP). As CHCs have seen patients fraudulently enrolled, NACHC is committed to help strengthen program integrity. We have organized our comments into two sections:

I. Marketplace Broker Oversight

NACHC appreciates CMS's focus on reducing fraud, waste and abuse in Marketplace enrollment. Our top concern remains that current broker and web-broker practices introduce significant risks to program integrity, particularly for patients served by CHCs who rely on accurate, unbiased enrollment assistance. Anecdotal reports from CHCs and Primary Care Associations (PCAs) indicate that deceptive marketing, improper enrollments, and inadequate oversight of broker activities continue to undermine consumer trust, disrupt continuity of care, and contribute to avoidable coverage gaps. **NACHC seeks to ensure that all eligible beneficiaries receive non-biased, comprehensive enrollment assistance.** To do so, it is essential

[1] Weitzman, 2025.
[2] Volerman A, Carlson B, Wan W, Murugesan M, Asfour N, Bolton J, Chin MH, Sripipatana A, Nocon RS. Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers. BMC Pediatr. 2024 Feb 8;24(1):100. doi: 10.1186/s12887-024-04547-y. PMID: 38331758; PMCID: PMC10851548. https://pubmed.ncbi.nlm.nih.gov/38331758/
[3] https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf

that CMS holds all brokers and lead agencies accountable for deceptive or improper enrollment practices. We recommend CMS take the following actions:

- **Bolster Oversight and Targeted Enforcement Toward Brokers.** CMS should prioritize enforcement actions against agents, brokers, and lead entities responsible for improper enrollments, rather than penalizing enrollees. Targeted enforcement will mitigate unintended coverage losses among vulnerable populations and align accountability with the source of misconduct.[4]
- **Implement Data-Driven Monitoring and Escalating Enforcement Mechanisms.** CMS should adopt targeted monitoring, audits, and corrective action plans for brokers and Marketplace plans demonstrating *patterns* of noncompliance. Differentiating between isolated errors and systemic violations will allow CMS to apply proportionate enforcement while addressing persistent bad actors.
- **Strengthen Marketing Oversight.** CHCs report that deceptive marketing practices contribute to patient confusion, inappropriate plan selection, and disruptions in access to care. CMS should expand prohibitions on misleading marketing practices, including misrepresentations of "zero-dollar" plans, cash inducements, incentives and inaccurate information regarding provider networks or coverage start dates.
- **Enhance Oversight of Third-Party Enrollment Platforms, Including State-based Exchange (SBE) Enhanced Direct Enrollment (EDE) Models.** Strong platform-level monitoring, reporting, and auditing are critical to mitigate risks associated with third-party enrollment models, where misaligned accountability can contribute to eligibility errors and improper enrollments, particularly for low-income populations served by CHCs. Analysis of public program enrollment systems shows that centralized, simplified application processes improve completion and retention rates for low-income populations.[5]

Importance of Federal Navigators: NACHC maintains that the Federal Navigator program represents the best practice for ensuring accountability, standardized training, and unbiased enrollment assistance. Navigators are required to complete comprehensive training, adhere to strict conflict-of-interest standards, and prioritize the needs of the consumer.[6] In contrast, brokers and agents often operate under commission-based incentives and are not subject to the same federal training or certification requirements. This disparity creates a structural risk for CHC patients, particularly those with limited digital literacy, language access barriers, or complex coverage needs. **NACHC strongly recommends that CMS require brokers and agents to meet training, certification, and conduct standards comparable to those required of Navigators.** Standardized education, combined with documentation requirements and clear accountability mechanisms, would improve the accuracy of enrollment assistance and reduce opportunities for fraudulent or improper enrollments. Aligning these standards is essential to ensure that all enrollment pathways operate with the same level of integrity and consumer protection, thereby preserving trust in the Marketplace and safeguarding patients' access to care served by CHCs. **NACHC welcomes the opportunity to work with CMS to develop and implement policies that effectively reduce improper enrollments while protecting consumers from unnecessary penalties and coverage disruptions.**

II. Improving Medicaid and CHIP Eligibility and Enrollment

CHCs serve as a primary access point to Medicaid and CHIP coverage for millions of low-income and medically underserved patients. Nationwide, about 6.9 million child CHC patients and 10.3 million adult CHC patients were covered by Medicaid and CHIP, including 1.4 million dual-eligible CHC patients.[7]

---

[4] Marketplace and Integrity Final Rule 2025.
[5] https://www.urban.org/sites/default/files/2025-08/Landscape_Analysis_of_Public_Benefit_Enrollment_Approaches_in_the_US.pdf
[6] https://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125 .pdf: Conflict-of-Interest Standards for Navigators (§155.215(a)(1)) and for Non- Navigator Assistance Personnel Carrying Out Consumer Assistance Functions Under §155.205(d) and (e) (§155.215(a)(2)); List of required training module content standards is set forth in §155.215(b)(2).
[7] HRSA, 2024 UDS Data.

These patients frequently experience administrative barriers to enrollment and renewal, including coverage churn, fragmented eligibility systems, and inconsistent communication from state agencies. **Given the central role CHCs play in assisting patients with enrollment, renewal, and appeals, policies that streamline eligibility processes, reduce administrative burden, and improve coordination across programs are critical to maintaining continuous coverage and access to care.** Strong enrollment practices also reduce the potential for waste, fraud, and abuse. We encourage CMS to consider the following protections for Medicaid and CHIP patients:

- **Streamlined Eligibility and Coordination Across Programs.** Fragmentation between Medicaid and CHIP eligibility systems contributes to preventable coverage gaps, particularly for children, as nearly one in five experience disruptions when transitioning between programs.[8] Aligning eligibility processes, coordinating notices, and leveraging inter-agency determinations can reduce churn and minimize confusion for families with mixed program eligibility.
- **Administrative Simplification and Use of Existing Data Sources.** Greater reliance on administrative data, including information from other means-tested programs such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), can support continuity of coverage and facilitate more seamless eligibility determinations and reduce burdens on both beneficiaries and state agencies.
- **Modernized and Accessible Recordkeeping Systems.** Standardized, electronic recordkeeping improves transparency, supports patient advocacy efforts, and enhances coordination with medical-legal partnerships[9],[10] all critical for CHCs assisting patients in navigating coverage issues.
- **Strong Communication Strategies for Beneficiaries.** Reliance on mailed notices alone is insufficient to reach patients with unstable housing or limited access to traditional communication channels. CHCs report that multi-modal outreach, including phone, text, and email, is more effective in reaching transient populations, including the 1.3 million patients experiencing homelessness served by CHCs annually.[11]
- **Leveraging CHCs and Community Partners for Outreach and Engagement.** CHCs maintain trusted relationships with patients who are often hard for state agencies to reach. Their demonstrated enrollment capacity, assisting over 5 million individuals seeking coverage in 2024,[12] supports their role in facilitating timely coverage and reducing delays in care.

Ensuring seamless, coordinated, and accessible Medicaid and CHIP eligibility and enrollment processes is essential to reducing coverage gaps and supporting continuous access to care for patients served by CHCs. **Strengthening best practices related to program coordination, data utilization, beneficiary communication, and CHC engagement will be critical to improving enrollment outcomes and advancing program integrity across Medicaid and CHIP.**

Thank you for the opportunity to respond to this RFI. We appreciate the opportunity to share these considerations and look forward to continued collaboration with CMS to strengthen Marketplace integrity and beneficiary protections. If you have any questions about our comments, please contact Erin Prendergast, Director of Federal Policy, at eprendergast@nachc.org.

Sincerely,

---

[8] https://ccf.georgetown.edu/2025/07/24/new-chip-protections-are-in-effect-now-despite-congressional-efforts-to-eliminate-them/#:~:text=Upon%20final%20publication%20of%20the,moving%20between%20CHIP%20and%20Medicaid.

[9] https://geigergibson.publichealth.gwu.edu/helping-patients-navigate-healthier-lives-through-legal-interventions-medical-legal-partnerships#:~:text=Though%20the%20modern%20Medical%2DLegal,and%20promote%20overall%20health%20improvement

[10] https://geigergibson.publichealth.gwu.edu/helping-patients-navigate-healthier-lives-through-legal-interventions-medical-legal-partnerships#:~:text=Though%20the%20modern%20Medical%2DLegal,and%20promote%20overall%20health%20improvement

[11] https://journals.sagepub.com/doi/10.1177/20552076221129729

[12] https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=ODE&year=2024

Joe Dunn
Chief Policy Officer