

February 28, 2013

The Honorable Kathleen Sebelius  
Secretary  
OMB, Office of Information and Regulatory Affairs  
Attention: CMS Desk Officer  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

MHPA appreciates the opportunity to provide comments on the Paperwork Reduction Act (PRA) notice published in the Federal Register on January 29, 2013, regarding the estimated information collection burden resulting from drafts of the single streamlined application for exchanges and Insurance Affordability Programs (IAPs) as well as on the released materials related to the draft Paper-Based application and online application.

MHPA supports a simple, streamlined application process and believes that many elements of the draft applications, particularly the online version, achieve this goal. However, MHPA would like to recommend that the Department of Health and Human Services (HHS) consider ways to simplify the applications as well as make formatting and terminology clearer for applicants. The Paper-Based application, which includes application for IAPs, may be particularly overly burdensome and even confusing for the average applicant. However, MHPA appreciates that the draft application seeks to collect a range of demographic information that will be important to addressing health disparities and improving our health care programs.

MHPA would like to provide the following questions and comments regarding the application drafts of the single streamlined application. Many comments regarding the Paper-Based application may also apply to the online application. MHPA appreciates, in advance, your agency's consideration:

### **Application Completion Time**

#### Paper-Based Application

- It seems that it may take the average person more than the PRA estimated 45 minutes to complete the Paper-Based application for coverage (including through IAPs), especially if the applicant is including multiple family members in the application.
- The process that an applicant may undergo to collect employer information using the "Employer Coverage Form" does not appear to be factored into the time estimate.
- Does the 45 minute estimation include the plan selection process or will additional time for this be needed as well? MHPA recommends that these additional steps be included in a final time estimate.

#### Online Application

- MHPA believes that the online application will take longer than 30 minutes, especially when applicants are applying on behalf of dependents. MHPA recommends that the time needed to complete the above mentioned additional steps related to the Paper-Based application be included in a final online application completion time estimate as well.

## **Getting Started Information**

### Paper-Based Application

- On the first page, under “What You May Need to Apply,” MHPA suggests adding the additional steps that an applicant may need to take if the applicant chooses to use the “Employer Coverage Form” to help collect employer-sponsored insurance information.
- The terms “family” and “household” should be fully defined and use consistently across all applications. In general, the terminology used in the applications should be clearly defined and consistent.
- Under “What you may need to apply,” it should be clear that Social Security Numbers (SSN) will be asked of everyone on the application, not just the applicant.
- At the beginning of Step 2, under “Here’s who you need to include on this application,” we wonder if the bulleted list is limiting in anyway. For example, we believe the applicant should be listed as “yourself” and think additional relationships (e.g., caretaker relatives) may also need to be identified. We note that the online application avoids any confusion by first asking for whom coverage is being sought, and then building the household.

### Online Application

- As stated above, the terms “family and “household” should be clearly defined. The online application uses the term “household” and this could be confusing for family situations where more than one family is living in the same house.

## **Language and Communication**

### Paper-Based Application

- On each page, HHS may want to state that the application may be available in languages other than only Spanish.
- As a general comment, plans support state flexibility in offering the application in a variety of languages, other than English and Spanish. MHPA would also caution against requiring states to cover multiple languages which could be burdensome to states and health plans. Flexibility on this issue would be helpful.
- On page two, the applicant is asked how they would prefer to receive information about the application. MHPA recommends that the application clearly state that by marking the email and/or text check box that the applicant would receive future notices “in lieu of” or “instead of” receiving paper notifications. Otherwise, applicants may select the email/text options not realizing that they are opting out of receiving paper notifications. Also, it could help to send at least one paper notification to applicants who select the email/text option reminding them of their selection and explaining that they will only receive email/text notices moving forward.
- MHPA also suggests that the application ask applicants for consent to call their cell phones, not just text, to provide information and updates.
- Because some segments of this population may not have access to a computer with internet, but may have a smart phone, MHPA suggests that HHS consider development of a mobile phone app for applicants and beneficiaries to help them apply electronically, check on their application status, view notifications and learn about benefits and services.

### Online Application

- The sample online application includes a drop-down menu of languages, but it isn’t clear which languages will be included. Again, MHPA recommends flexibility for states on which languages



besides English should be included. It would be burdensome for health plans to be required to provide information in languages beyond the most common languages that a state or locality chooses as reasonable to meet the unique needs of the population.

## **Screening for Non-MAGI Population**

### Paper-Based Application

- Under each section that collects personal information, it is asked if the person has a disability or needs help with daily activities. But, it is not made clear to the applicant why this information is being collected or how it will be used. This question should clearly explain to the applicant how the answer to this question could impact their eligibility determination. Also, MHPA seeks clarity on how this question fits into the process for screening for the Non-MAGI population. It is important that the non-MAGI population is screened early in the application process and that the population is asked relevant questions moving forward in the process.
- The definitions of “disability” and “activities of daily living” should be provided for applicants to reduce possible confusion.
- It also may be helpful to move questions regarding disability closer to the beginning of each person’s information collection section in the application so that they are screened for disability earlier in the process.

### Online Application

- In the online application, applicants are asked if they or anyone else on the application have a disability. MHPA would like clarity on how selecting the “yes” check box would change the online application process. If the applicant or family members fit into the non-MAGI category, will income information still be requested? How will the rest of the application change?
- The online application should also provide all necessary definitions related to disability to help the applicant complete this portion of the application.

## **General Information Collection**

### Paper-Based Application

- The “Person 1” section of Step 2 appears confusing for individuals who may not understand that they are “Person 1.” The application should rephrase the paragraph at the top intended to explain Section 2, which says that the applicant should fill out Step 2 for their “spouse/partner and children...” This section should be rephrased so that it is clear that the applicant is either “Person 1” under all circumstances, or that “Person 1” can be another family member/dependent if the applicant is not applying for their own coverage.
- The application should require SSNs if an individual has one and is applying for himself or herself. Individuals should not have to provide a SSN in cases where they don’t have one due to immigration status or are not applying on their own behalf.
- “Person 1” is asked if they have a living parent outside the home. This is an example of a question which seems aimed at a dependent child of the applicant, not the actual applicant. MHPA suggests that the application clearly signify which questions are intended for the applicant and which are intended for others in the household seeking coverage.
- Each person is asked if they need help paying “medical bills from the last 3 months.” This question may need further explanation to avoid applicant confusion. Some applicants may not understand why they are being asked this and some may believe that answering yes may jeopardize their eligibility determination. The application should, at a minimum, explain how the question will be used and/or should tell the applicant that by marking the “yes” check-box, they will not be deemed ineligible for coverage.

## **Financial Information Collection**

### Paper-Based Application

- Each person is asked for detailed financial information related to income and assets. Although, the questions related to income are necessary, it may be very difficult for the average applicant to compile this information. It would be helpful to remind applicants in the income section of Step 2 that they can choose the online application so that much of this information may be auto-filled for them, making the process simpler.

### Online Application

- MHPA appreciates that the online application collects information from sources such as the IRS and SSA to help applicants complete application sections that ask for financial information. MHPA believes that this will greatly help applicants finish their applications and minimize the time burden. MHPA encourages the agency to ensure that as much information is available and as easy for the application to auto-fill from these sources as possible.
- MHPA recommends that the application explain to the applicant that the information collected from the IRS and SSA will not be used to audit the applicant or family members. This will help alleviate any applicant concerns with the information collection.
- MHPA recommends that CMS use the data hub to extract data and pre-populate the response in question 6 on page 28 regarding income received from Social Security retirement, disability, or survivors benefits. This may be a difficult field for individuals to recall.
- The online application should sequence the information collected so that applicants who fall under the tax filing threshold can avoid being asked unnecessary questions about their tax return.

## **Employer Coverage Information Collection**

### Paper-Based Application

- In Step 3, applicants are asked about employer-sponsored coverage. It is very likely that the applicant will not understand the question, “what is the name of the lowest-cost self-only health plan...” In this instance, it may be possible that the applicant will simply check the “I don’t know” box and leave the original question incomplete. The note on the application which explains that the applicant can ask the employer for coverage information via the “Employer Coverage Form” should be clearer to see and perhaps in larger font.
- The application should make it clear that the applicant could either fill out the employer coverage information himself or ask the employer to fill out the form, but that the “Employer Coverage Form” is not required.
- In Step 3, the application should recommend that the applicant use the “Employer Coverage Form” or indicate that the information may be easier to collect if the form is used. This may be most useful if it is placed near the beginning of Step 3 to avoid discouraging applicants.
- It is very likely that many applicants will choose to ask their employers to fill out the “Employer Coverage Form,” but many employers may have difficulty completing the form themselves, or may not complete it in a timely manner. Does HHS expect many incomplete applications because of this type of complication and how will these issues be addressed?
- How will the agency require that the “Employer Coverage Form” be submitted? Will the form be required to be mailed at the same time as the application or can the applicant mail the form at a later date after the employer has additional time to complete the form?
- The “Employer Coverage Form” should remind the applicant that it is not mandatory to complete the form.



- The “Employer Coverage Form” asks the employer to only consider plans that meet the “minimum value standard” in the ACA. The form should be simplified and should assume that the average employer may not be familiar with the “minimum value standard.” Additional explanation and guidance should be provided for employers to help them complete the form.
- The requested employer coverage information could hinder some who work in less formalized jobs (e.g., gardeners, housekeepers, etc.) from completing the application.

#### Online Application

- How will the applicant submit the “Employer Coverage Form” when submitting an online application? Will this be required to be scanned and uploaded at the time of the application submission? MHPA recommends that this process be made as simple as possible for the applicant.
- Question 3 under “Employer health coverage information” asks if the applicant expects a change in employment. This may be difficult to answer and should be removed to avoid applicant confusion.
- The last question under “Your Family’s Health Insurance” in section 3, should perhaps be removed or reworded. It may not be appropriate to ask these types of subjective questions. In addition, the question itself may be difficult to answer with accuracy. If the question is not removed, it should be further clarified for the applicant.

#### **Other Information Collection**

#### Paper-Based Application

- MHPA recommends that applicants be asked about tobacco usage by the applicant and/or family members. The application should explain to the applicant how this information will be used so that it is clear that the answer will not affect the eligibility determination of the applicant and/or family members. This will help draw honest answers.
- In Step 4, terminology used to ask questions related to American Indian or Alaskan Native status may be confusing to some applicants. Simpler language may be needed to replace terms such as “per capita.”
- The authorized representative form should include more information on the rights and responsibilities of the authorized representative. The form does not appear to include all necessary information compared with how authorized representatives are described in the January Medicaid, CHIP and Exchange proposed rule (CMS-2334-P). CMS should also consider the sequence of the paper application, and whether it makes sense to provide an opportunity to designate an authorized representative upfront.
- If the applicant allows an authorized representative to sign the application and receive information, does that mean that the authorized representative will receive information about all people on the application, even other adults?
- The application process should include information explaining to applicants that if they receive advanced payments of the premium tax credit, but are later found ineligible, they may need to pay back the tax credits.

#### Online Application

- On page 7 under Authorized Representative of Appendix A, the applicant should be clearly informed that all correspondence will come to the authorized representative until the designation is withdrawn.

## **Application Completion and Review**

### Paper-Based Application

- Question 3 on page 48 of Appendix A, under Review and Sign, asks if the applicant wants to withdraw the Medicaid application and just get tax credits. The applicant should be informed of the consequences of withdrawing an application for others on the application, such as it may cause the other applicants to forgo additional assistance through the Medicaid or CHIP program.
- The application should recommend that the applicant make a copy of the application before mailing it.

### Online Application

- Any draft plan selection process, referenced on page 59 of Appendix A, should be reviewed by key stakeholders.
- Question 3 on page 48 of Appendix A, under Review and Sign, asks the applicant if they want to withdraw the Medicaid application and just get a tax credit. MHPA recommends that the application remind the applicant if the applicant indicated that anyone on the application has a disability. As with the Paper-Based application described above, the applicant should be informed of the consequences of withdrawing an application and consistent with recently proposed rules at 155.302(b)(4)(i)(A), we expect that individuals who may be eligible on a non-MAGI basis will not be prompted to withdraw their Medicaid application.

### **Special Enrollment**

- MHPA seeks clarity on the application process for special enrollment periods. The draft applications do not appear to contain key questions about the applicant and/or family members that could affect eligibility, such as change in income or marital status. What will the process be for these periods?
- For enrollees who need to report on income changes regularly to avoid federal penalties due to subsidy overpayments, will a simple form be provided? MHPA seeks clarity on the process for these individuals as well. Details concerning this process should also include communication with the health plans, particularly for applicants who may be moving frequently between coverage in the IAP and the Exchange.

MHPA appreciates the opportunity to comment on the draft applications and we thank you for taking our thoughts and suggestions into consideration as you make further refinements. We look forward to continued collaboration with HHS officials on the implementation of provisions of the Affordable Care Act.

Sincerely,



Joe Moser  
Interim Executive Director