NPAF National Patient Advocate Foundation

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February 28, 2013

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: **CMS-10440: Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies**

Dear Administrator Tavenner:

The National Patient Advocate Foundation (NPAF) would like to thank you for the opportunity to comment on the development of the individual streamlined application to assess eligibility for Medicaid, CHIP, and other premium assistance opportunities such as the Premium Insurance Tax Credits, which was published on the CMS website on January 25, 2013.[1]

NPAF has long been an advocate for a single point of entry application and appreciates the Centers for Medicare and Medicaid Services (CMS) providing the opportunity for us to share the patient perspective. NPAF's companion organization, Patient Advocate Foundation (PAF), has provided assistance and direct patient mediation over the past seventeen years to more than one million patients, many of whom live with chronic, debilitating or life-threatening diseases. As a result, PAF case managers are uniquely equipped to analyze potential application processes and, utilizing their past experiences, identify potential pitfalls for consumers and patients alike. NPAF worked in collaboration with PAF case managers in drafting these comments.

[1] http://cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10440.html

NPAF approves of many aspects of the intended application process. First, NPAF commends the focus on the application's coordination among programs and agencies for information. The application's coordination in drawing information from various programs and agencies simplifies the patient experience by offering a one-stop-shop in eligibility determination. A coordinated response that details eligibility for multiple programs also provides a more holistic perspective of program interaction and eligibility and makes it more likely that consumers will be aware of the extent of resources and choices available to them. Coordination increases efficiency in paperwork, money, and time for all stakeholders involved, which is especially important to those with chronic disease.

Second, NPAF applauds additional steps taken in the application process to create a consumer friendly experience. A concentration on using appropriate literacy levels to guide the application as well as ease of accessing the application through a single entry point and the reported briefness of completing the application enhances consumer ability to complete the application. NPAF also approves of CMS' decision to make consumers aware of their rights. Finally, NPAF praises the method by which the online application is personalized to the consumer by custom tailoring its next question based on the answer provided to the previous. Such a method will help eliminate questions not appropriate to a specific applicant, reducing time spent on the process.

Third, NPAF endorses how responsive the application has been designed to be. We admire the online system's ability to catch any error in real time through instant validation of claims, as well as the quick timelines for consumers to be informed of eligibility determinations for both the online and paper applications.

Finally, NPAF supports flexibility provided to certain stakeholders in the process, as long as particular consumer protections are met. For example, we approve of states being allowed to develop their own application, as long as they are approved by HHS as being in line with many of the focuses of the applications developed by the department. In addition, we approve of the provision that applications may be submitted to a state Medicaid agency, CHIP, or an exchange, as long as submission processes and ease of submission are constant across all of these options.

However, NPAF has recommendations to improve the individual application process. We categorize these recommendations first generally, and second, in regard to specific provisions already explicit in the paper applications.

<u>General Recommendations</u>

NPAF's first general recommendation is rooted in the lack of clarity over whether, once an eligibility determination is made, the applicant solely is informed of the result, or the determinations are also automatically forwarded through the linked system to the eligible program. We hope that the latter is intended, as the absence of forwarded determinations would reduce the potential of such a linked application process. The answer to this question should also be made explicit to consumers at the end of an application to prevent a duplication of effort for applications deemed eligible, so that applications know they need not forward information on to the program they are eligible for.

Second, NPAF notes that CMS is still drafting explanatory language to help further inform consumers on the application process. We recommend that any such explanatory language be shared with patient advocacy organizations that have worked directly with patients on understanding complicated documents and processes and that those organizations be consulted in determining the proper wording. One such issue relating to applications that PAF case managers have found invokes confusion is the structure of a household and who to include on such forms.

Third, NPAF observed that the application is available both in English and Spanish. To assist individuals who do not speak English or Spanish, we recommend that Certified Application Assistors be connected to consumers using a translational language service. Patient Advocate Foundation currently uses a similar service through AT&T.

Fourth, we request clarity on why some questions will be asked in the online version but not the paper application. One example is a question as to whether an individual is a full-time student. In addition, this question only appears on the on-line form if the individual is 18-22 years of age. NPAF recommends this be 26, to match the age to which an individual can be covered by his/her parents health insurance plans and be consistent with similar inquiries on the paper application.

Fifth, at the end of the online application process, an individual can print the application and it is saved to his/her electronic account. NPAF recommends that there should be an option of having it and the eligibility determination sent to an email address, in case the individual doesn't have a printer. In addition, we suggest a paper follow up, particularly for denials.

Finally, NPAF appreciates that CMS has provided estimated times for consumer completion of both the online and paper applications. NPAF recommends that CMS continue to collect data on this matter to validate the time assertions made and make adjustments to the application if necessary. We suggest that the estimated times for completion of the respective surveys be indicated at the beginning of the document and a request be made of the applicant to keep track of time spent on the process. Upon completion of the application, the online version will easily be able to capture time elapsed in application completion. However, for the paper applications, there should be a section to indicate time spent with additional lines available for consumers to explain any parts of the application that may have prolonged the process due to confusion or being overly burdensome. Data collected from such a request may then provide input to CMS on where further or modified explanatory language may be warranted.

Specific Provisions of the Two Paper Applications

The following recommendations comment on provisions within the released sample paper applications. The first application, colored orange, was to determine eligibility for health insurance, as well as help with costs. The second application, colored blue, was solely for determining eligibility for health insurance.

In both applications, on page 2, step 1, there is an indication that if one does not have a home address they do not need to provide it, but that a mailing address must still be provided. However, this note is provided after the applicant has already been asked to provide both a home and mailing address. NPAF recommends that this box be moved above the request for home and mailing address to remove any uncertainty on how to proceed before the opportunity is reached.

In the first application, on page 3, step 2, for Person 1 and all subsequent persons, it allows the option of providing a Social Security Number (SSN) or not. NPAF requests CMS provide better explanatory language as to why a SSN may or may not be needed, to prevent this crucial piece of information from being omitted when necessary. That is, CMS should improve upon its explanation to the applicant the difference between filling out the application for insurance rather than for some other purpose. Consumers should not be confused as to the point of this document. Further, this explanatory language with the distinction should be present under each Persons section in Step 2, not just for Person 1.

In the first application, not providing a SSN could potentially lead to other problems. For instance, on page 4, a note under the 'Other Income' sub-section informs the applicant that three types of income need not be listed: Child support, veteran's payment, or Supplemental Security Income (SSI). We believe that veteran's payments and SSI are listed because these details can be determined through an individual's SSN, as the systems are linked. However, if the provision of the SSN is optional, and the applicant chooses not to provide it, these pieces of information will not be counted toward income.

In the first application, under the 'Other Income' sub-sections it needs to made clear whether the applicant should provide net or gross income. In prior section on the same page both gross and net income were requested at different points.

In the first application, on page 4, under the 'Deductions' sub-section there is room left to list deductions other than those provided. NPAF believes this space requires additional room, as a consumer may have multiple deductions.

In the first application, on page 18, step 5, there is a subsection on 'Renewal of Coverage.' NPAF sees this option as unnecessary. We request that coverage be renewable indefinitely, pending developments in the validating data. However, each year patients should be contacted and given the option to cancel this automatic renewal.

In both applications, on page 19 of the first application, and on page 7 of the second application, there is a section allowing the applicant to choose an authorized representative. NPAF recommends that consumers should be advised of the ability to use an authorized representative at the beginning of each application. Further, there should be an opportunity at the beginning of the application to indicate whether Person 1, an authorized representative, or a Certified Application Assistor contributed to the completion of the application. Certified Application Assistors must provide proof their certification. Further, if an applicant is not utilizing a Certified Application Assistor, the availability and process for obtaining one should be stated on each application.

In the second application, on the cover page (page 1), under the section 'Get help with costs,' there should be a link to the first application, which provides determinations of financial assistance. Having the link available and mentioning the other form will make this process easier on consumers who decide to seek assistance in coverage payments.

Finally, NPAF requests greater standardization between the two paper applications. For example, the front pages of the two applications could be further standardized as both share some of the same sections but with slightly different language for no apparent purpose (see 'Apply faster online' section for one example). In addition, NPAF has noticed that in the first application the person filling out the

form acts as 'Person 1,' whereas in the second application the person filling out the application does not have a 'Person' title, and 'Person 1' is the first member of the household, other than the applicant, who needs insurance.

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Thank you for the opportunity to submit formal comments on this subject. We would be happy to discuss our comments with you if you have any questions about our recommendations.

Respectfully submitted,

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CEO and President

Lou LaMarca
Executive Vice President
Federal Government Relations

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Associate Director
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Our mission is to be the voice for patients who have sought care after a diagnosis of a chronic, debilitating or life-threatening illness. NPAF has a seventeen year history serving as this trusted voice. NPAF is also the coordinator of the Regulatory Education and Action for Patients (REAP) Coalition. The advocacy activities of NPAF are informed and influenced by the experience of patients who receive direct, sustained case management services from our companion organization, Patient Advocate Foundation (PAF).

The comments in this letter are informed by the collective experiences of patients who have contacted PAF for assistance in accessing quality care. These experiences have been quantified in the PAF's Patient Data Analysis Report (PDAR) which illustrates the data collected across 260 variables by PAF senior cases managers. In 2011, PAF resolved 103,112 patient cases and received more than four million additional inquires from patients nationally. Most requests were from patients needing assistance with accessing health care—either because they could not afford the care recommended, could not obtain services within reasonable proximity to where they lived, or were denied coverage for services and treatments within the purview of their health plan. PAF's ability to assist patients confronting a wide spectrum of challenges enables NPAF to competently serve as the patient voice.