



February 28, 2013

VIA ELECTRONIC SUBMISSION

Centers for Medicare & Medicaid Services
Department of Health and Human Services
P. O. Box 8016
Baltimore, MD 21244

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 Sir/Madam:

Single Stop USA thanks the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the above proposed rule. Successful implementation of the Affordable Care Act (ACA) will depend on the ability of low-income individuals who are eligible for Medicaid, CHIP, Advanced Premium Tax Credits and cost-sharing assistance to connect with various subsidies and programs. The application process for public benefit programs, including insurance affordability programs, is central to the work of Single Stop and we hope that our recommendations are useful to CMS in this regulatory process. We are excited about the development of the Single Streamlined Application, and hope it is a first step to more streamlined paths to health and human service benefits that can help more families achieve healthy and fulfilled lives.

Single Stop is a national non-profit organization dedicated to helping low-income families and individuals build economic security by providing them with coordinated access to public benefits and resources, free tax preparation, legal services, and financial counseling in one location. Single Stop has experience developing its own dynamic benefits enrollment software, the Benefits Enrollment Network (BEN), which is used internally to screen individuals for multiple public benefits. We hope that our experience with benefits application assistance will be helpful to CMS as it finalizes a new single, streamlined application for health insurance affordability programs.

Recommendations and Comments

Upon review of the paper and online applications, Single Stop finds that the Single Streamlined Application accomplishes a great deal in creating a modernized and effective approach to enrolling

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individuals in coverage. However, at the same time, we encourage CMS to enhance the proposed application with additional consumer-focused features and language designed to address enrollment barriers, such as (a) ensuring that the application rules and requirements are as transparent as possible; (b) providing better integration of Navigators, In-Person Assisters, or Certified Application Counselors into the application process; (c) leveraging eligibility results to connect applicants to other human services benefits programs; and (d) providing adequate language assistance and protections to encourage enrollment among immigrant families. Based on Single Stop's experience connecting nearly 160,000 individuals and families in 2012 to benefits in seven states, we believe such qualitative consumer-focused features are essential to the success of the Single Streamlined Application.

a. Encouraging transparency in the application process

Through the process of developing BEN, Single Stop has created a number of tools that have helped make the benefit screening and application process more transparent. Based on our experience, we have several general recommendations to encourage more transparency in the Single Streamlined Application. Generally, we believe there should be a tools section, as an addendum in the paper application and a separate tab in the online application, which accompanies the application.

There are a number of specific consumer-friendly tools that have worked for Single Stop USA. First, we recommend a glossary of terms and eligibility criteria. In our experience screening across multiple benefits, the definitions of eligibility criteria across different benefits vary and it is important to be clear with applicants and users about what distinguishes applying for coverage through the Single Streamlined Application from applying for other benefit programs. Second, we recommend including a simple eligibility chart on what kinds of people at different income levels and family sizes are eligible for certain programs to help people better understand up front the complex options and potential results. Third, in addition to more up front information, we recommend more floating tips throughout the online application.

b. Integrating Navigators, In-Person Assisters, Certified Application Counselors

From our vantage point as a high volume benefits application assister, Single Stop believes very strongly that Navigators, In-Person Assisters, and Certified Application Counselors are essential to helping eligible individuals navigate the complex health care system. Although making the application itself more consumer-friendly is important, the reality is that many consumers will still require application assistance from entities and groups with more health care enrollment experience. For this reason, we recommend better integration of Navigators, In-Person Assisters, and Certified Application Counselors into the Single Streamlined Application.

First, as a point of clarification, Section III (F) of the online application indicates that an organization may be listed as an authorized representative. This may encourage organizations serving as Navigators, In-Person Assisters, or Certified Application Counselors to list themselves as authorized representatives for all individuals that they assist. We believe doing so would be inconsistent with the definition of the authorized representatives described by CMS in the Medicaid and Exchange final rules (42 CFR Parts 431, 435 and 457 and 45 CFR parts 155, 156, and 157) (e.g. trusted friend or family member). Instead, we recommend that the application allow applicants to indicate in a separate section – perhaps at the beginning of the application, or directly after the Authorized Representative section – the name and contact information of the organization assisting with the application process. The applicant could also indicate whether they would like this organization to receive copies of notices related to their

application, in order to assist in the ongoing management of their application, enrollment, and renewal processes. Ideally, these organizations would be able to gain real time on-line access to this information.

Second, in addition to being directed to government application assistance resources, applicants should also be directed to local Navigators, In-Person Assistors, and Certified Application Counselors to account for the reality that many consumers will seek out these sources anyway. We recommend that the end of Section III (F) list an option to “Get help from a local organization,” at which point the applicant would be directed to a list of certified Navigators and In-Person Assistors, along with the Exchange Call Center. Ideally, a link to this information would be available on each screen of the application.

c. Leveraging eligibility results to connect individuals to multiple benefits applications

Section 1561 of the Affordable Care Act encourages states to develop standards to facilitate electronic enrollment of individuals in federal and state health *and* human services programs (emphasis added). These programs, such as the Supplemental Nutritional Assistance Program (SNAP), can facilitate healthy outcomes for low-income families. We strongly recommend that the Single Streamlined Application create a link to these programs. At a minimum, individuals should be queried about their interest in human service benefits and directed to their state’s online application for human service benefits.

The Single Streamlined Application will collect much of the information needed to screen families for eligibility for these benefits and begin an application for the benefits. This information could be used to pre-screen an individual for possible eligibility for key benefits like SNAP, or use potential Medicaid eligibility as a trigger to tell families they may be eligible for other benefits. Ideally, information from the application would be shared directly with online eligibility systems for SNAP and other benefits and begin an application for a client. We appreciate the priority of CMS to create an application for the health care affordability programs. Still, we urge that some aspect of multiple benefits access be included in the current version, and that CMS build the application in such a way that further multiple benefits functionality could be added in future years.

d. Addressing the concerns of immigrant applicants

Research shows that immigrant families often face significant barriers, including fear and confusion about eligibility rules, to enrolling in health care programs. The Single Streamlined Application emphasizes that providing Social Security Numbers (SSNs) for people not applying for insurance is optional but we encourage CMS to use the utmost care when it asks for this information as it could have a chilling effect on applications. Specifically, Section I of the online application asks the applicant (account owner) to enter their SSN. Even though this field is clearly marked as optional, we are concerned it will deter mixed status households from applying for benefits. Since SSNs are asked in the Personal Information section and the account owner may not necessarily be applying for health care, we request that the application only request SSNs for applicants to health care benefits.

Section VII of the online application is the appropriate place to collect information on citizenship and SSNs. This section should include clear messages that clarify that individuals in the household who are not applying for coverage themselves are not required to provide information on their citizenship or immigration status. We also recommend messages in this section assuring individuals that providing information on the application will not lead to deportation or have a negative impact on their immigration status or ability to obtain citizenship or legal permanent residency (LPR).

The streamlined application is the first access point for individuals seeking health care and should be fully accessible. As such, we recommend that the online, paper, and telephone applications be available in at least the 15 most common languages used in the United States to ensure that those who are limited English proficient are able to access services for which they are eligible. This is a vital component of the ACA's "no wrong door approach" to enrollment.

e. Other comments on the online application

Section XI Current/Monthly Income: We encourage CMS to provide information about why there are several different methods of collecting current income, especially if clients reach Section XI having already entered information about income previously. In addition, we recommend that the application specify that individuals whose current monthly income differs and is lower than what salary or tax records indicate (for example due to a reduction in employment) might be eligible for a broader set of insurance affordability programs.

Section XIV Employer Health Coverage Information: An individual's eligibility for subsidies may depend on the affordability of the insurance provided by their employer. We are concerned that consumers will have difficulty getting from their employer what a "minimum value standard" plan is, given the technical and confusing nature of this term. We encourage CMS to work with the insurance industry and the employer community to find streamlined ways for consumers to find out this information, and provide consumers with tools they will need to query their employers about this information.

Conclusion

We appreciate this opportunity on the streamlined application which will have significant impact on improving health insurance coverage for low-income individuals across the country. We hope that CMS will take our comments into consideration and we welcome any questions you may have.

Thank you for your attention.

Respectfully,

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