

February 28, 2013

**VIA ELECTRONIC SUBMISSION**

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

**Attention: CMS-10440**

Appendix A: List of Questions in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children's Health Insurance Program

Appendix C: FA Paper Application

Appendix D: non-FA Paper Application

**OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer**

**Fax Number: (202) 395-6974,**

**Email: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)**

Dear Sir/Madam:

Thank you for the opportunity to comment on the model application materials released in January of 2013. The Center for Public Policies (CPPP) is a nonpartisan, nonprofit 501(c)(3) policy institute established in 1985 and committed to improving public policies to better the economic and social conditions of low- and moderate-income Texans. Improving access to health care for Texans has been at the core of our mission and activities since our founding.

CPPP staff are participants in the Gateways to Coverage project convened and coordinated by the Center for Children and Families (CCF) at Georgetown University's Health Policy Institute, and the Center on Budget and Policy Priorities. As part of that group, we have endorsed along with a number of other organizations some high-priority comments of common concern. We are also submitting these brief comments to provide some Texas-specific insight into the proposed application materials.

**Input from Experienced Texas CBO Application Assisters**

In reviewing the draft materials, including the webinar and videos, and preparing these comments, the center consulted with some of the state's most experienced community-based application assistance experts (i.e., not state Medicaid staff) with combined decades of experience. Key points from these informants are summarized here:

- They strongly support and applaud the HHS overall approach and the online application goal.
- They feel unable, however, to comment accurately on the true workability of the online model based on only the static videos and the written rules script. They felt they would need to be able to see the actual drop-down menus and experience the dynamics of the online

version to provide meaningful feedback. (As an example, they expressed confusion based on the videos and webinar over how an applicant would correctly address a job “found” by the system, but since terminated.)

- In addition, they comment that the scenario examples used in the video demonstrations were of very simple cases.
- They asked that HHS collect input from stakeholders—application assisters in particular—formally or informally on the actual interactive model.
- They specifically said that examples of families with highly variable incomes, ineligible household members, and income sources unlikely to be accurately reported in third-party databases be part of the next round of scenarios, to enable them to more reliably assess the strengths and weaknesses of the proposed system
- They commented that seeing related outreach messaging and helping language would also be necessary for them to assess both the paper and online versions.
- They commented that the kind of reassuring privacy language directed at non-US citizen household members in Texas’ integrated application as a=well as our Medicaid-CHIP-only application is critically needed for success of this application in our state.
  - They specified that this language needs to be available to the person completing the application VERY EARLY in the process; for example, they believe that without reassurances, non-US citizen caretakers will not establish an online account.
  - They recommended that access to information for households that include non-US citizens must be easily accessed from the opening page of the application process.
  - In Texas, Census data indicate over one-third of children below 200% FPL have one or more non-US citizen parent, so a very large share of families are potentially affected by how well this matter is addressed.
- They recommend that language better explaining the circumstances when changes must be reported, which changes, and what the potential consequences of failure to report changes accurately and timely might be must be in the helping language for applicants; the proposed check box was not adequate in their view.
- They observed that it was not clear what the applicant was supposed to do with the Employer-based insurance information form once collected, and felt the term “offering” insurance was not going to be understood unambiguously by many applicants.
- They expressed concern about the need for both warnings to applicants AND guidelines for states and FFEs regarding what will happen to the progress of a determination if (when) applications are submitted to more than one portal.

### **Additional input from CPPP staff**

CPPP staff have worked with our state agencies (and served as representatives in NAIC and NASI work) on Medicaid, CHIP, SNAP and TANF eligibility and enrollment policy and practice for 20 years. Additional support for the proposed approach and concerns are summarized below.

- We strongly recommend the use of help text, roll-over prompts, and or pop-up worksheets to easily lead the online applicant to additional information.
- A key example involves the instances when an applicant is asked to predict future-year income. We believe a majority of applicants are unable to know if they will get a pay increase in the future or in what amount—or whether they may have pay or hours cut. If this predictive approach is retained, it should be paired with automatically-accessible language

explaining how an applicant should respond if they are uncertain of their exact future annual (weekly hourly monthly) income, even if they think they will likely get an increase. It should explain the consequences of guessing too high or low, and whether it is best to say don't know except in cases where they have a very high certainty of the precise income amount.

- We are concerned (as were application assisters) about consumer confusion between an FFE account and an account created at My Texas benefits. We suggest both the FE and state Medicaid program must make it clear to families if changes must be reported to both places.

### **Additional Input Regarding Mixed-Immigration Families**

- As noted above, we recommend that the home page or cover sheet include some key messages aimed at immigrant families that are welcoming and reassuring. Specifically, we recommend that it address:
  - o Families that include immigrants are welcome to apply. You do not have to provide immigration status or a Social Security number (SSN) for those in your family who are not seeking health insurance.
  - o For family members who do not apply, we can give you information about other ways to get health care.
  - o We will keep all the information you provide private and secure as required by law. We will use personal information only to check if you are eligible for health insurance.
- Provide strong, clear guidance for immigrant families seeking coverage for eligible members. The application materials should clearly convey information such as the following:
  - Only citizen and lawfully present members of immigrant families are eligible for services, but ineligible adults are encouraged to file applications on behalf of eligible family members.
  - Ineligible, non-applicant family members will never be required to provide their citizenship or immigration status in order to apply for others in their family.
  - Non-applicants are not required to provide Social Security numbers (SSNs) nor are applicants who do not have SSNs.
  - Information regarding immigration status and SSNs will be used solely to administer the health care program and not for immigration enforcement purposes.

In Texas, older version of our applications actually were superior to our latest in their use of this language UP FRONT in information sheets and Front pages. However, there is still strong language included in both our integrated benefit application as well as our Medicaid-CHIP only application. Examples and links provided below:

### **From the Integrated Application (Texas form 1010)**

<http://www.hhsc.state.tx.us/help/1010-eng.pdf> page 20-21

### **Citizenship and Immigration Status**

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration

status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.

### **Social Security Numbers**

You only need to give the Social Security numbers (SSNs) for people who want benefits. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN can't get benefits. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you don't. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R 273.6 for food benefits; 45 C.F.R 205.52 for TANF; and 42 C.F.R 435.910 for health care.)

### **Facts HHSC Has About Me**

HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks, employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

### **Keeping My Facts Private**

HHSC will keep my facts private if they were collected:

- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:

- When needed for me to get state health-care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number

### **From Texas' Medicaid-CHIP only applications form:**

[http://www.chipmedicaid.org/files/CHIP\\_Application\\_English.pdf](http://www.chipmedicaid.org/files/CHIP_Application_English.pdf)

Wherever Social Security numbers are requested on this document, the form says, “Your Social Security number (if you have one). This may be useful as you consider ways to better convey that not every person listed on an application must provide an SSN

Thank you for considering these comments. Should you require additional information, please contact:

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