

General Comments

- HHSC requests flexibility from CMS for states with a Federally-Facilitated Exchange to develop a state single streamlined application that would meet a state's specific Medicaid/CHIP eligibility needs, if determined to be in the best interest of the state.
- HHSC requests flexibility to customize the single streamlined application to include certain state information, such as state contact information and space for barcode(s) for scanning and indexing into state systems.
- In general the application requests information on a person-by-person basis. For example, the application asks for the following information for Person 1 - personal information, tax information, health insurance, demographics, employers, and income, then continues to ask for the same information for Person 2, Person 3, Person 4, etc. However, Texas' eligibility system is designed to collect information for the entire family/household. HHSC is analyzing the impact of collecting information on a person-by-person basis. For example, Texas first collects everyone's demographic information; second Texas collects everyone's income information; third everyone's expenses; until all data collection is complete. The draft federal application would reduce current efficiency in Texas' system and may delay eligibility determinations.
- HHSC recommends using plain language to reduce applicant confusion and increase comprehension for applicants with varying literacy levels. Examples include:
 - Avoiding slashes and ampersands.
 - Shortening sentences.
 - Defining "dependents" for applicants.
- HHSC requests that CMS consider limiting images and icons on the paper application, which slows scanning for states and requires larger storage capacity.

Section Comments

Things to Know Comment

- HHSC recommends CMS work with states to determine appropriate contact information in the "Get help with this application" section and the "list of available places near where you live."

Step 1 Comments

1. HHSC requests clarification on what information the FFE will offer through the subscription service (email/text).
2. HHSC recommends sending out notifications in English and Spanish.
3. HHSC requests adding a question to the streamlined application about military service, which is needed to expedite processing for pregnant women and Children's Medicaid, pursuant to state statute.

Step 2 Comments

1. The draft federal application does not collect sufficient information to build MAGI household as required under federal regulations. If CMS expects state Medicaid and CHIP agencies to conduct MAGI determinations from the streamlined application without asking for additional client information, HHSC strongly urges CMS to add the following questions for individuals:
 - “Everyone in your household” to the application in addition to anyone on your tax return form.
 - If under 26, list all of this person’s parents.
 - List all of this person’s children and stepchildren (not just their dependents).
 - List all of this person’s siblings.
2. HHSC recommends that if an applicant answers “yes” to living with at least one child under the age of 19 as the main caretaker, the application should ask the applicant to provide information on that child to the application.
3. Under STEP 2: PERSON 2, HHSC recommends adding a more distinct section divider before the ethnicity and race questions (after the questions for individuals under age 26) to ensure that applicants know these questions are separate from the questions for individuals under age 26. The current application layout is ambiguous and applicants may skip the ethnicity/race questions.
4. HHSC recommends clarifying the difference between Supplemental Security Income (SSI) and Social Security income to avoid applicant confusion.
5. HHSC recommends providing examples of the types of “other deductions” that can be submitted to increase efficiency.
6. HHSC recommends making “Does this PERSON X live at the same address as you?” stand out more visibly to avoid being overlooked by applicants (page 5, 7, 9, 11, and 13).

Step 3 Comments

1. HHSC recommends defining in plain language “minimum value standard” on page 15 to avoid applicant confusion.
2. In the section on “Other Health Insurance” HHSC recommends CMS add the following boxes because this information is used by State Medicaid/CHIP agencies in the eligibility/enrollment process.:
 - Coverage start and end date.
 - Premium amount (per week, month, or year).
 - Person responsible to pay the premium.
3. HHSC recommends clarifying that the section on “Other Health Insurance” is asking for other health insurance information that was not reported in the section on coverage offered through a job. HHSC is concerned that applicants may not understand the difference between the sections on “Health Coverage Offered From A Job” and the “Other Health Insurance.”
4. HHSC recommends changing the wording on page 15 by removing the word “private” from “private employer plans” to avoid confusion between employer plans and “private/other” plans on page 16.

Step 5 Comments

1. HHSC requests clarification on whether all adults are required to sign the federal streamlined application and whether the application is still valid if only one spouse signs.
2. HHSC recommends removing the processing timeframe of 1-2 weeks, because it is not consistent with federal regulatory requirements at §435.912(c)(3)(ii) and §457.340(d)(1).
3. HHSC recommends directing clients to report changes to the agency handling their healthcare plan to avoid confusion between state entities for Medicaid, CHIP, and the Exchange.
4. Step 5 asks the applicant to confirm that no one on the application is incarcerated or living in a medical facility. HHSC recommends removing “living in a medical facility” from the acknowledgement to reduce applicant confusion because Step 2 asks if anyone requires assistance through a medical facility. In addition, information on individuals in a medical facility may be used for a Medicaid eligibility determination.
5. HHSC recommends dividing the following into two separate statements because the statements address distinctly different issues.
 - “I know that I can be represented in the process by someone other than myself.”
 - “My eligibility and other important information will be explained to me. I understand that a change in my status could affect the eligibility for a member(s) of my household.”
6. In the section on “If anyone on this application is eligible for Medicaid” under the second bullet “For parents who qualify for Medicaid,” CMS must provide states flexibility based on state requirements for applicants to cooperate with state agencies requirements regarding medical support. Therefore, HHSC strongly urges CMS to amend the application as follows:
 - Amend the bullet on parents who qualify for Medicaid to read “parents and caretakers who qualify for Medicaid (not just parents).”
 - Amend the second sentence by deleting “I can tell Medicaid, and I will not have to cooperate” and insert the following language “I can tell Medicaid and I may not be required to cooperate.”

Comment on Instructions for the Immigration Status and Self-Employment Questions

1. HHSC recommends defining “gross income” and “net self-employment income” to reduce applicant confusion.