February 28, 2013

VIA ELECTRONIC SUBMISSION

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

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

Dear Acting Administrator Tavenner:

The National Council on Aging (NCOA) appreciates the opportunity to submit
comments on the Data Collection to Support Eligibility Determinations for Insurance
Affordability Programs and Enrollment through Affordable Insurance Exchanges,
Medicaid and Children's Health Insurance Program Agencies, released by CMS on
January 25, 2013. NCOA is a national leading voice and advocate for vulnerable and
disadvantaged older adults and the organizations that help them. NCOA works with
thousands of organizations across the country to help seniors find jobs and benefits,
improve their health, and live independently.

General Comment

We encourage the adoption of streamlined data collection systems to support
eligibility determinations for insurance affordability programs and enrollment by CMS
and are generally supportive of the proposed versions of the online and paper
applications.
We are concerned, however, of specific language, omissions and accessibility issues
in the online and paper applications for the Health Insurance Marketplace, including
the Insurance Affordability Programs. We thus provide comments to strengthen the
proposed applications.

Our comments are grouped by page based on the paper application layout. We have
specified the comments pertain to the paper application only.

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#	Section/Page	Area	Comment
1	General	Language Consistency	The use of the terms "Health Insurance Marketplace" and "Marketplace" are not used consistently. The term is difficult to understand, so it should be used on the first page of the application (ideally with a brief explanation) and then used consistently throughout the rest of the application.
2	General	Language Accessibility	Given the large number of uninsured individuals with limited English proficiency, assistance should be available in languages other than Spanish and should be indicated on the application. Furthermore, since they are being asked their preferred language on the application, will further correspondence be in the language they indicated?
3	General	Language Accessibility	Application in languages other than English and Spanish: Given the large number of uninsured individuals with limited English proficiency, applications should be available in languages other than Spanish and should be indicated on the English application. Non-English applications should be downloadable from the Exchange and other state websites.
4	General	Application Layout	The application layout may be difficult for counselors/consumers to navigate due to the lack of numbering of the questions. Applicants may inadvertently miss a question. We suggest all questions to be numbered. In step 2, there are instances where multiple questions are being asked in one row (e.g. citizenship questions on pg. 3), which may be difficult for the user to navigate.
5	General - Paper Application Footer	Accessibility for Individuals with Disabilities	Include a TTY/TDD number in the paper application footer, **Need Help with Your Application**
6	General	Simplicity/ Length of Application	Number of individuals in the application – You should provide the option of selecting how many people will be included in the application so that when printing the application, it will only include the number of forms actually required.
7	General	Additional Data Field	Form should include a **Consent/Authorization** to allow eligibility determination agencies to share data with each other for the purposes of initiating an application for other benefits or automatically deeming someone eligible for other benefits.

#	Section/Page	Area	Comment
8	Page 1	Language Accessibility	In the section, **Get help with this application** a line stating that support with other languages is available free of charge, and a phone number to a language line.
9	Page 1	Tips for Counselors and Consumers	In the section **What Happens Next** should include a sentence to remember to make a copy of the application before you send it.
10	Page 2	Additional Data; Language Accessibility	Under Step 1, in the section **Tell Us about Yourself**, it is beneficial that the application asks what the applicant's preferred language is. Yet, it will be also helpful to offer the opportunity to select or state the preferred language to be used for future correspondence.
11	Page 2	Grammar	Under Step 2, the sentence – **Anyone else who lives with you will need to file their own application if they want their own insurance** is grammatically incorrect. Anyone is singular and "their" and "they" is plural. The sentence could be changed to read "Other individuals who live with you will need to file their own application if they want their own insurance."
12	Page 2	Grammar	Under Step 2, in the section **Your Information is Private** change the "We'll" to We will in both sentences.
13	Page 2	Clarification / Language	Under Step 2, in the section **Your Information is Private** add a sentence that states that the information will not affect your immigration status and will not be shared with the U.S. Immigration and Customs Enforcement for deportation purposes (if these statements are accurate.)
14	Page 3	Clarification / Language	Under Step 2, Person 1, in the **Social Security number** field: The language regarding whether a SSN is needed is not easy to understand. While the application states that providing the Social Security number is optional for individuals not applying for insurance, it needs further clarification. For example, why would an individual be using this application if they were not applying for health insurance?
15	Page 3	Additional Data Field	Under Step 2, Person 1, **Pregnant?** field – The application should also ask of the estimated due date. And the question asking "how many babies...?" is awkward and should be reworded.

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16	Page 3	Definition, Language and Clarification	Under Step 2, Person 1, **Have a disability?** field: Screening question does not include a definition of what a disability is, what conditions might be considered a disability or the nature and scope of the disability. This information should be requested so that individuals who may be eligible for Medicaid based on disability will be properly considered and accessed for it. Example: Do you have a medical, emotional or developmental condition that limits your activities such as working, going to school, taking care of your daily needs?
17	Page 3	Definition, Language and Clarification	Under Step 2, Person 1, **Needs help with activities of daily living...?** field: Does not include a definition or examples of activities of daily living (e.g. bathing, dressing, toileting). Also, "or a medical facility" is unclear. Does the question mean "or live in a medical facility, like a nursing home"?
18	Page 3	Clarification / Language	Under Step 2, Person 1 **If Person 1 isn't a US citizen or national...?** field – It would be helpful to include language to reassure applicants that the information provided will not affect immigration status nor shared with U.S. Immigration and Customs Enforcement for deportation (if these statements are accurate).
19	Page 3	Grammar	Under Step 2, Person 1 **If Person 1 isn't a US citizen or national...?** field – Two grammatical suggestions in the sentence, "If Person isn't a U.S. citizen or national, do they have eligible immigration status?" • "Isn't" should be changed to "is not" • "They" is a plural and this sentence is with regard to a singular person.
20	Page 3	Grammar	Under Step 2, Person 1, Does **person 1 live with at least one child under age...?** field: Grammatical suggestion for sentence "Does person 1 live with at least one child under age of 19 and are they the main person taking care of the child?" • "They" is a plural and this sentence is with regard to a singular person.

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21	Page 3	Clarification / Language / Applicability of the Question	Under Step 2, Person 1, in the section, for individuals age 26 or under, the following changes should be made: • Should this section apply to individuals under age 26, not 26 or under? • Regarding the "Reason the insurance ended," it is unclear what response is being sought. Does it matter why the insurance ended so long as it did?
22	Page 3	Language Preference	For each person applying, not just the primary contact, there should be a question about preferred language. The application is the easiest time to collect this information, which should be attached to the individual's file from the start.
23	Page 4	Additional Data Field	Under Step 2, Person 1, **Current Job 1** section: add the sentence included under Current Job 2, asking if "in the past 6 months, did PERSON 1, change jobs, stop working, start working fewer hours, none of these."
24	Page 4	Spacing	Under Step 2, Person 1, **Other Income** section: more space in needed to insert the amount. Also, if someone has multiple sources of an income (e.g. dividends/interest), the "how often" field may not be the same for all sources of the income.
25	Page 4	Grammar	Under Step 2, Person 1, **Deductions** section, the following changes should be made: • In the Note, change "shouldn't" to "should not" • Add more space to insert the amount • "Other deductions" – this may be difficult for someone to fill in as they may not know the dollar amount, need to add multiple deductions, and need more room.
26	Page 4	Grammar	Under Step 2, Person 1, **Yearly Income** section: • Change the "don't" in the third sentence to "do not."
27	Page 4	Clarification / Language	Under Step 2, Person 1, **Yearly Income** section: • Since this section relates to work that is not steady, in the box asking for total income this year, this should be changed to" Person 1's estimated total income <u>this year</u>". • Since this section relates to work that is not steady, in the box asking for total income next year, this should be changed to" Person 1's estimated total income <u>next year</u>, if you know it". •
#	Section/Page	Area	Comment

28	Page 5	Additional Text Space	Under Step 2: Person 2 (and subsequent additional people), "Does this person 2 live at the same address as you?", the address field needs more space.
29	Page 15	Clarification / Language	Under Step 3, **Your Family's Health Insurance** section, under the YES response to the question **Is anyone offered health coverage from a job?**, there needs to be an explanation of what is meant by a "state health benefit plan". It is unclear if the question refers to Medicaid, CHIP or state employee benefits.
30	Page 15	Order	Under Step 3, **Your Family's Health Insurance** section, under the **"Tell us about the job that offers coverage."**: The information about the asterisk for by the EIN is lost in the middle of the section and should be placed at the bottom of the page.
31	Page 15	Clarification / Word Use	Under Step 3, **Your Family's Health Insurance** section, under the **"Tell us about the job that offers coverage."**: How will people know what a "minimum value standard" is, much less which plans meet it?
32	Page 15	Clarification / Language	Under Step 3, **Your Family's Health Insurance** section, under the **"Tell us about the job that offers coverage."**: Regarding the premiums for the minimum value standard plan, the form should provide guidance on how to obtain this information. And, is it only for the employee coverage or for the family coverage as well?
33	Page 15	Clarification / Language / Purpose of Data Field	Under Step 3, **Your Family's Health Insurance** section, under the **"Tell us about the job that offers coverage."**: Does it matter whether the individual thinks the employer's insurance is affordable? Why is this question asked?
34	Page 16	Clarification / Purpose of Data Field	Under Step 3, **Your Family's Health Insurance (Continued)**, in the **Who does this job offer coverage to?** subsection: Does it matter whether the individual thinks the employer's insurance is affordable next year? Why is this question asked?
35	Page 16	Clarification / Language	Under Step 3, **Your Family's Health Insurance (Continued)**, in the **Other Health Insurance** chart, some of the options might not have a "Name of Plan" or "Policy Number", such as Medicaid or Medicare. There should be a notation to indicate it.

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36	Page 17	Formatting	Under Step 3, **Is anyone in your family American Indian…?**: This page is too crowded and should be reformatted to provide sufficient room to fill in the names requested in the columns. This form should be expanded to two pages to provide adequate room to fill in the names and more understandable presentation of the information requested.
37	Page 18	Grammar	Under Step 5, **Please read and sign the application:** • In the first bullet, change the "I'm" to "I am". • In the third bullet, change "isn't" to "is not".
38	Page 18	Grammar	Under Step 5, **Renewal of coverage:** • In the first sentence, change the "I'm" to "I am". • In the fourth sentence, change the "don't" to "do not"
39	Page 18	Clarification / Language	Under Step 5, **Renewal of coverage:** There should be clarification that an individual can change the health insurance choice every year and that this renewal only applies to eligibility for help paying for health insurance. The concept of having the insurance renewed in multiple years and checking a box will be very difficult for the consumer.
40	Page 18	Clarification / Language	Under Step 5, in the **"Congratulations, You're Done"**: This sentence should be removed because there are still additional pages left that need to be completed.
41	Page 18	Grammar	Under Step 5, in the **"Congratulations, You're Done"**: Change all of "you're" to "you are", the "we'll" to "we will" and the "You'll" to you will" and the "doesn't" to "does not".
42	Pages 3-18	Section Order	**Step 2** is repeated in page 2 and 3. Thus it should be, **Step 3: Person 1** in page 3. Step numbers have to be updated accordingly throughout the application.
43	Pages 7-14	Multiple	Comments 12 to 14 apply to these pages
44	Page 19-Authorized Representative	Language, Regulatory Compliance	Under the **Authorized Representative** section: Confirm that this form is consistent with the final regulations provisions on authorized representative. There is no indication that allows for an individual who has legal authority under state law to complete this form on behalf of someone else.

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45	Page 19- Authorized Representative	Clarification / Language	Under the **Authorized Representative** section: Family member should be added to the individuals who can be included as an authorized representative. The first sentence should be changed to read: "You can give a trusted family member, friend or partner permission to talk about this application with us, see your information and act for you on matters related to this application."
46	Page 19- Authorized Representative	Additional Data Field	Under the **Authorized Representative** section: Email address for the authorized representative should be included for ease of contacting the authorized representative.
47	Page 19- Authorized Representative	Additional Data Field	Under the **Authorized Representative** section: Preferred language of communication for the authorized representative should be included as well.
48	Page 21- Employer Coverage Form	Clarification / Language	Under the **Employer Coverage Form**, in the **Applying for health with health insurance costs from the Health Insurance Marketplace** subsection: This is the first time that the "Marketplace" term is used in the title and may be confusing.
49	Page 21- Employer Coverage Form	Grammar	Under the **Employer Coverage Form**, in the **Applying for health with health insurance costs from the Health Insurance Marketplace** subsection: The paragraph explaining the form uses the word "you" referencing the employee but is actually a form completed by the employer. This page needs to be reworked to make it clear who the "you" is.
50	Page 21- Employer Coverage Form	Grammar	Under the **Employer Coverage Form**, in the **Applying for health with health insurance costs from the Health Insurance Marketplace** subsection: Change the following words in the first paragraph: "It's" to "it is" in two places
51	Page 21- Employer Coverage Form	Clarification / Language	Under the **Employer Coverage Form**, in the **Employer Information** subsection: Employer information How will employers know what a "minimum value standard" is, much less which plans meet it?

While the comments above are specifically in reference to the paper application, we do have concerns about the online application as well. The Section II Privacy section is of concern because it requires the individual completing the form to certify that s/he has consent from all individuals who are listed in the application. Some individuals included in the application may be young children or others who cannot or did not give consent to complete the application.

In addition, Section III f, the section on Authorized Representative does not recognize family members who may have authority under state law, such as health care surrogate decision laws. For individuals acting under this authority, they will not have documents to submit since no document is necessary to exercise this authority.

Finally, it is unclear why it is necessary to request information under Section XIII about an individual's former employer. An applicant may not want to provide this information and may be a disincentive to complete the application

Conclusion

We appreciate the opportunity to provide these comments on the important provisions related to the single streamlined application. If you have questions about these comments, please contact me at (202) 479-6678 or at Leslie.Fried@ncoa.org

Sincerely,

Leslie Fried
Director of Policy and Programs