



PRESIDENTS
Wendy Lazarus & Laurie Lipper

**VIA ELECTRONIC SUBMISSION
February 28, 2013**

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

Dear Sir/Madam:

The Children's Partnership has been working for nearly 20 years to improve access to health care through the use of simplified eligibility and enrollment processes for California's and the nation's children. We are pleased that the Centers for Medicare & Medicaid Services (CMS) is now working so hard to achieve that same end. We commend CMS and other federal agencies involved in the development of the model online "Questionnaire" and paper application, for the high degree of consumer-friendliness that has been achieved. Throughout these model tools, we see the strong marks (and benefits) of the user testing, stakeholder input, and lessons learned through other application design efforts such as Enroll UX 2014. We believe that this Model Application, supported by the federal hub, will go a long way toward promoting a consumer-friendly enrollment experience in states. And, we look forward to continuing the partnership to make ongoing improvements.

We have been participating in the Gateways to Coverage Workgroup, hosted by Georgetown Center for Children and Families, Center on Budget and Policy Priorities, and the National Health Law Program. In that capacity, we have been engaged in conversations with advocates from around the country, as well as with CMS and the Center for Consumer Information and Insurance Oversight (CCIO), about this Model Application. Reflecting those conversations, this letter first provides input into the elements of this proposed Model Application that we strongly support – and, that we hope become the base line expectations for approval of state-designed alternative applications. The federal Model Application is a significant element of health reform implementation, given that 25 states are letting the federal government run their Exchanges, and that the remaining states could adopt the Model Application or base their own design upon the federal model. As such, we hope that CMS retains the strong features of this Model Application and requires state-created applications to meet a similarly high standard. Then, in the second part of this letter, we address specific details that we would tweak or revise.

The following key elements of the Model Application support consumer usability and enrollment in the appropriate program:

1. The dynamic nature of the online application, using sophisticated logic to ensure that an applicant is asked only relevant questions.
2. Pre-population of the online application with relevant data from the hub, accompanied with an explanation of the source of the data and a way to correct or update it.

3. Setting an expectation that attestation and electronic retrieval/verification will be the first course of action, before documentation is requested.
4. The provision of explanatory text through pop-ups, help menus, online chats, and other tools, as well as in printed form in the paper application (not yet shown in the Model).
5. Use of consumer testing to review and improve the language, flow, and design.
6. Providing the online applicant with a periodic opportunity to review and correct their information.
7. Helping the consumer navigate the complications of the income rules, without being expected to understand those complications (e.g., annual projected vs. current monthly income, tax and Medicaid household composition).
8. Encouraging the applicant to explore whether he or she is eligible for financial assistance.
9. Providing information and links that assist people in completing the application.
10. The creation of an account that helps enrollees manage their coverage over time.

We urge CMS to retain these key elements of the Model Application, as it moves toward a final version. In addition, we urge CMS to require that states seeking approval of their own applications attain the same standard set by the Model Application as to these elements, or, where there is a deviation from the standard, that the state be required to demonstrate that their approach is no more burdensome than that laid out in the federal Model Application.

Suggestions for improving specific elements of the Model Application

We applaud the work done so far, but think that there are many ways in which the paper and online applications can be improved, to make them clearer or more intuitive, as well as to encourage consumers to complete and submit the application with most or all of the necessary data. Specifically, we believe that the applications can be made significantly more user friendly through the following:

1. Take further steps to promote consumer-usability:

We would suggest further user testing before the model is finalized, as well as ongoing user testing to continue improving upon the tool. In particular, we hope that both the online and paper applications can be reviewed and completed by real families, using their own real information, and that these families reflect some of the more challenging circumstances that will be presented – such as mixed status families.

As part of this testing, we would urge CMS to explore which questions and structures are confusing, but also to assess the relative acceptability of certain key terms that may be confusing to an applicant (such as an “offer” of employer coverage, or the reference to “state health benefit plan” on page 15 of the paper application) or unappealing (such as “account,” which may convey a sense of a follow-up bill). To the degree possible, all efforts must be made to promote acceptance and support of health reform through the usability of the application and the terms chosen to describe it. In addition, it is very important that CMS test the help text and explanatory material, which will make a significant difference in a family’s ability to complete the application process.

In addition, we would urge CMS to use this process to identify places that merit a “Stop Sign icon” to get an applicant to pay extra attention to a particular issue before proceeding. For example, this visual might help on “Step 3” of the paper application. Before the box that asks about employer coverage, the applicant might see:

“Stop Sign icon – Ask your employer or HR department for this form. If they don’t have it, fill in as much as you can and we’ll help figure out the rest.”

2. Modify the online process for establishing an Account:

We have concerns that the current framing of “My Account” on the online application is particularly confusing, since it is not clear how the individual relates to the person who is applying and why they need to provide some of this information (such as SSN). In fact, conceptually, the framing only really makes sense for an individual applying for coverage. A better construct, we believe, would be to have the household contact start with the Getting Started section (III). As section II is completed, the dynamic application could use the relevant information to populate the Account. Then, the application could attempt to get the remaining element of the Account, the unique identifier (SSN or other), at the moment in the application where it is required, with an explanation as to why it is needed. In this manner, much of the confusion could be mitigated.

Making this change would bring the online application more in line with the paper application and its “Step 1” experience of laying out who the contact person is for the application. In that role, no SSN is requested. We believe it is important to reserve the request for an SSN until a later stage of the application because, as currently requested in the online Model Application, it could discourage mixed status families from applying.

In addition, we would urge CMS to add explanatory language (pop-up or other) that lets these contact persons know that they can apply for coverage for themselves, some or all of their family, or even just their child(ren) and that the information requested will be about the person(s) needing insurance coverage, once the Account is set up.

More on reordering: With Section III (Getting Started) coming first in the online application, we would then suggest that the questions be asked about “Who Needs Health Insurance” (IVA) and their basic details (V), and then follow that with the Privacy question (II). As currently ordered, the household contact is asked to declare that he/she has “consent for all people I will list on the application”, though the contact may not yet have a sense of who will be listed on the application. Thus, it makes more sense to ask IVA & V (as a single step) right before II.

3. Clarify Persons 1, 2, etc in the paper application:

While the contact section of the paper application is clear, it then leads into Step 2 and becomes confusing. First, the description on page 2 called “Here’s who you need to include on this application” is hard to follow, dense, and seems contradictory (since it tells you to include both your spouse and your partner – a scandalous proposition for most). Instead, we would urge you to replace this wording with wording more like that at the top of page 3 (minus the sentence referencing page 2), since this is clearer. In fact, the description at the top of page 3 seems misplaced, since it refers to all of Step 2 and not to Person 1.

Next, on page 3, we believe that the header at the top of the page (“Person 1”) wouldn’t mean much to anyone. Instead, “Tell us about yourself” would make more sense. It might work to use CMS’ phrase “Start with yourself” at the top of the page (to replace “Person 1”), with a short explanation underneath that says the information on this page is needed to set up an account, to apply for insurance for yourself and/or your family members, that it will only be used to help you or your family members obtain health services, and that optional

information is marked as such. Then, the other headers should be changed similarly: “Do you plan to file a federal income tax return next year?” and “Are you applying for health insurance for yourself?”.

In this manner, additional person-specific pages could be re-labeled, as well:

- page 5 – The new label could reflect the concept of: “Any other adult in your family.” An explanation would be required as to what “other adult” to include and it would be appropriate to say something here like: “Fill out this page if you are married or have a partner with whom you have a child. If you do not have either of these, check here.”
- pages 7 and 9– The new label could reflect the concept of “A Child/Dependent that lives with you.”

Accordingly, if the later person pages are just to be used for child/dependent, they could be edited a bit to remove the questions that are not relevant to that group. And, we suggest eliminating the pages for Persons 5 and 6, to make the paper application less daunting – but, retain the language about copying the pages if there are more family members.

4. Highlight available help more clearly:

Completing this application will be challenging, and families must be aware of their available help options.

Thus, while we welcome the inclusion of the help information by having the Question Mark on each page of the paper and online applications, we see a number of ways that this can be improved:

- The front page of the paper application should make the “Get help with this application” box more prominent, include hours of operation, and reference the fact that the help is free.
- Help offered online should not require the applicant to exit/click through to a separate page. To the greatest degree possible, it should be interactive and allow the applicant to continue working on the application (web chat, pop-ups, hover text, etc).
- When an online applicant responds “I don’t know,” the system should trigger an offer of help. Such online help should include resource links, so that applicants can find a navigator/assister or walk through their questions with someone on the phone while they keep working on the application. It is important to note that we urge CMS to include the option “I don’t know” more often in the Model Application (online and paper), but to follow up on that answer with some offer of immediate assistance when an applicant is online.

5. Enable greater identification of non-MAGI eligibles:

While there are currently some questions in the Model Application aimed at identifying non-MAGI eligibles, more can and should be done to identify such individuals

On the paper application, we are concerned that the disability-related questions are hard to read (since they are squished into a dense text) and that they are too abbreviated to pick up all disabled and medically needy individuals. To remedy this problem, in addition to using better language (which will be proposed by the consumer disability community), we would suggest that this might be a good place for a Stop Sign icon, which tells people that “you may be eligible for additional services and benefits if you meet some special circumstances,” with information about how to consult a list of such circumstances. In addition, or in the alternative, the person page could give an opportunity to check a box saying that the person is completing the “special circumstances” section, which could be Step 4. With this design change, Step 4 could be revised to clarify and capture information about disability, high health care costs and bills, pregnancy, as well as American Indian/Alaska Native, and other depth.

In addition, we would urge CMS to revise the relevant questions on the online application (using language proposed by disability advocates) and utilize explanatory information and drop down menus to provide a wide view of what might be included in “disability” (making sure to include mental and behavioral issues, and impairment that interferes with work or school, among others). Further, the application should provide applicants with the opportunity to “raise their hands” to identify that they have high health care costs, which could then trigger a set of follow-up questions.

6. Make the application more welcoming for immigrant families:

We are very concerned that the current construct of the Model Application would be intimidating for a non-citizen parent to complete for their citizen child(ren). We have proposed some improvements, above, regarding the establishment of an Account (comment 2) and the clarification of roles (comment 3), both of which could help the person completing the application feel more comfortable with the questions that are being asked. However, beyond those changes, it is very important that more reassuring language is included near the beginning of the application – clearly stating that: the information provided in the application will only be used for health insurance purposes, that the application only requires SSN information for the person who is applying, and that information that is asked (but not required) of non-applicant adult family members is asked to help speed up the application process. Such information could be provided in neutral terms that apply to all families, but have particular resonance with mixed status families. We would suggest looking at Texas’ application for model language on this issue.

In addition, we urge CMS to provide applications and application assistance in multiple languages, and to do user testing among families that speak these chosen languages. Further, we hope that CMS encourages states to use the single streamlined application to connect individuals who are not eligible for APTC and full scope Medicaid to available services, whether through state-funded, limited benefit, or local programs.

7. Provide further assistance in completing the income section:

While the Model Application has taken a number of positive steps to help a family navigate the very complicated rules that govern the income determination, we believe that families will need the option of a worksheet to complete this process. In the online application, a pop-up worksheet could allow a family to input information in the manner that they understand, and make sense of it. For instance, when a family understands their income in hourly terms, their social security in annual terms, and their pretax deductions in monthly terms, the worksheet could help resolve the incompatibility of those numbers. It is important that any worksheet used in the application process be able to pour the calculated figure into the application, rather than requiring the applicant to transfer the numbers. Such worksheets have been successfully incorporated into TurboTax and a good design for a worksheet was produced by the Enroll UX 2014 project.

In addition, while the paper application does a good job of helping an applicant provide all necessary information in units he/she understands, there are a few changes that are needed. Specifically,

- Self-employed individuals need to understand that their net income is profits minus “business” expenses.
- Applicants need to understand how to incorporate pre-tax childcare and Flexible Savings Account deductions, which will affect significant numbers of families.
- The “Yearly Income” section is not as clear as it should be. In fact, we believe it would be a good idea to have a Stop Sign icon here, and say something clearer like: “If your income is not steady from month to

month OR if you expect your income or family size to change, then we need your expected annual income for this year and next year.”

- In addition, the applicant needs to have notice about the potential for reconciliation at the end of the year, if eligible for APTC. Such notice could be provided in the introductory material, or as a short sentence accompanying the annual income question.

8. Improve the process for getting employer health coverage information:

As currently presented in the Model Application, it would be nearly impossible for anyone to complete the section related to employer coverage options – especially those who are likely to be uninsured. The language is often inaccessible (for instance, the concept of whether the employer has “offered health coverage”, the “minimum value standard,” the “state health benefit plan,” and other terms). In addition, the structure of the section implies that an individual cannot submit their application if unable to complete this section. We would urge CMS to make this section as simple as possible, make it clear that an employee can fill in what he/she knows and mark “I don’t know” for the other information, and create an expectation that employers will help significantly by providing the Employer Coverage Form. We strongly believe that the process should aim to use electronic verification as much as possible to clarify what employer coverage is available, including developing a way to match applications as against a database of Employer Coverage Forms that have been submitted by employers.

9. Build a “Stop and Submit” capability into the online application:

We are concerned by the news that the use of a dynamic application process, which we see as a great step forward, could unintentionally result in an online application experience that does not allow applicants to “Stop and Submit” at any stage, when they reach a wall and cannot proceed without help. We understand the structural challenge – since the ability to provide targeted questions requires that the applicant provide answers that then trigger the next question. However, this structural challenge must not create a brick wall in the application process. Instead, CMS should work to ensure that an applicant has some choices when unable to figure out how to complete a page:

1. The applicant should be given the opportunity to answer: “I don’t know.” And, in response to this answer, as relevant, the system could give a prompt telling the applicant that without an answer to this question, he/she may have to finalize the application through another channel (phone, paper) and/or answer significantly more questions.
2. The applicant should be given the opportunity to say: “This is too hard for me. I need help. I am stopping here and would like to submit what I have, and be contacted by email/phone to finish.” Ideally, when a consumer selects this option, he/she should be prompted with “Would you like to get help from a live application assister at no charge to you, right now, to try to sort out your questions?” If yes, “Do you prefer web-chat or phone?”

While we understand and support the goal of getting applicants to provide as much information as possible before submitting their applications, this goal must be achieved in a manner that recognizes how difficult the process is, provides as much help as possible, and that doesn’t result in online applicants throwing up their hands in frustration or reaching a brick wall that stops them in their tracks.

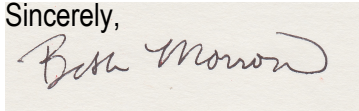
10. Address some important issues through notices:

The notice process will provide a good opportunity to inform new enrollees about issues that make sense at that stage of the process. Among the issues to address at that point:

- We believe that those who choose not to find out whether they are eligible for financial help should be given another opportunity to “raise their hands” to explore available financial assistance, at the end, once they see health plan options/costs. This could be done online, before the application is finalized, and/or it can be done through the notice. If done through notices, however, the applicant must be given information about how to re-enter their account to explore the issue.
- We think that it is important to help families figure out what portion of the APTC to take in advance, and to give them a clear warning about the potential for reconciliation. This notice should be given at least minimally in the application itself (more fully in the online application – using a slider tool), and then more fully through the notice process (at which point they could be given a worksheet).

We thank CMS and CCIIO very much for their strong leadership on this project. We look forward to the great step forward that will come from the release of a dynamic, streamlined Model Application. However, we would urge you to continue to work on the wording and the design of these tools to make them even more consumer-friendly. We welcome any further opportunity to review and discuss these issues, and extend an offer to help in any way that we can. If you would like to discuss any of our comments further, please call Beth Morrow at 718-832-6061 or email to bmorrow@childrenspartnership.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth Morrow", is written on a light-colored rectangular background.

Beth Morrow
Director, Health IT Initiatives