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Ms. Martique Jones, Deputy Director
Regulations Development Group
Office of Management and Budget
Office of Information and Regulatory Affairs

Attention: **CMS Desk Officer**

Submitted to: *OIRA_submission@omb.eop.gov*

Re: **CMS-10438** - Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program

CMS-10439 - Eligibility Determinations and Enrollment for Small Businesses in the Small Business Health Options Program

CMS-10340 - Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies

Dear Ms. Jones:

We are writing on behalf of America's Health Insurance Plans (AHIP) to offer comments in response to the Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) Information Collection Requests (ICRs) on Eligibility Determinations for Employees and Employers in the Small Business Health Options Program (SHOP), and on Eligibility Determinations for Insurance Affordability Programs and Medicaid and Children's Health Insurance Program (CHIP) Agencies.

Effective January 1, 2014, the Affordable Care Act (ACA) makes numerous and far-reaching changes to the Nation's health care system. As these changes take effect, AHIP and its member health plans are focused on providing recommendations to the proposed regulations and ICRs related to implementation of the regulations. Our comments address operational and administrative issues to provide for smoother and more accurate implementation of the requirements, while assisting consumers in achieving access to the coverage expected to be offered through the new Health Insurance Marketplace (the Exchange and Small business Health Options Program (SHOP)) in 2014.

We provide specific comments on each of the ICRs in our attachment to this letter, which we will be happy to discuss in detail with you, as these are critical issues that need to be addressed to

assure that necessary information is collected from consumers and small businesses affected by these ICRs. Before providing our detailed comments we want to emphasize our deep concern about broad issues with the process and execution of these applications for coverage.

The Paper Applications Need to be Significantly Improved

We understand the strong preference for consumers, small businesses and their employees to apply for Affordable Exchange Programs using online applications for eligibility, and where possible, to complete real-time enrollment. Also, we share the goal that online applications and enrollment will be the primary means by which consumers and small businesses have eligibility determinations made, make their QHP plan selections, and obtain coverage.

We also know that, in addition to the online shopping experience, many consumers and small businesses will want to be able to review the applications, and have paper copies to review and/or complete particularly if the required information may take a significant period of time to collect and the application process requires details that the applicants do not have at the time they go online.

While the new Exchanges are viewed as an opportunity to ease the process for consumers, unfortunately, the paper applications do not achieve this goal. They do not allow for the applicant to indicate the program or plan they interested in, and thus appear incomplete. They are unlike current applications in the health insurance market, which provide for the applicant to submit their application for coverage in a given plan, where they select the health plan coverage they wish to purchase, provide their signature of intent to enroll, and submit the required premium payment.

Instead, these applications are to determine eligibility for coverage offered through Affordable Insurance Exchanges or SHOPs but not enrollment in coverage. This gap in expectations, where the applicant expects to apply for a Qualified Health Plan (QHP) or other coverage but does not have the opportunity, must be addressed. The applications must be amended to avoid confusion and provide clear explanations of the steps in the process the applicant should expect. To fail to do so will confuse, disappoint and possibly discourage applicants from applying for coverage.

We recommend that the applications be revised to facilitate the process for the consumer to select and enroll in coverage. Our comments are focused on improving the online questionnaires and paper applications so they are more useful, clear, understandable and complete. This will also help applicants using the paper forms – whether for their full application or as worksheets in preparation for sitting down at a computer, or with an enrollment facilitator (Navigator, in-person assister, application counselor, agent or broker).

Clear Information and Instructions Are Needed

We understand the paper application for applicants seeking financial assistance through Insurance Affordability Programs, Medicaid or CHIP needs to collect information to determine the eligibility for subsidies or other programs, and is thus a multi-step process before the

applicant can complete enrollment. The other applications, however, do not have to be a multi-step process. Those applications can be improved by permitting the applicant to chose the QHPs they want to enroll in.

The applications also need to highlight required information more effectively, and to note that the process for enrollment may be delayed if the required information is not included. This will assist in expediting the process, and reduce the number of calls to the Exchange or SHOP call centers that would otherwise result.

The applications should specify what happens once the applications are submitted and accepted. The paper applications in particular require such information. Applicants will want to understand the timing and process of the whole enrollment process, how they will be contacted, and what they will have to do to complete that process. The applications should give clear instructions of these steps for applicants.

The Multi-step Process Should be Revised

The current format of the paper applications assumes a multi-stage process that puts at risk a smooth and seamless process. Each additional step in the process increases the risk that individuals, employers or employees might fail to complete the process. Applicants will need reminders and clear timeframes outlining what they can expect. Collecting the right information in the application to allow for enrollment to occur based on that application is critical, and should be the goal.

Recommended Tools for Consumers

In addition to the recommended changes to the applications, we also recommend that a checklist of information be created for each application. The Exchange website could include the checklist and allow for applicants to print off copies of the list to help them in preparing for their online application, or in filling out their paper application. Such lists would also be needed for application facilitators to ensure that they are better equipped to assist with the application process.

We strongly recommend a supplemental informational document or Q&As be prepared to be used by applicants to use when filling in a paper application, since those will not have the "pop up" text boxes that CMS has indicated the online questionnaires will be providing. It should provide the list of information needed, and the types of documentation required. And it should provide more information regarding other key elements of the application, such as “authorized representatives,” and “your privacy” and other concepts more difficult to fit into an application.

Those are our broader concerns with the applications in the ICRs. Our detailed comments and recommended solutions are attached to this letter.

Given the enrollment task ahead it is crucial to begin with a clean, streamlined and transparent application process. We want to work with you to achieve that objective, to make it a smooth and seamless process, and most importantly, clear and easy for consumers. We urge you to take advantage of the expertise of the private sector that can be marshaled quickly to help to develop process improvements and other recommended solutions. Our members have years of experience in applications and enrollment and can help identify what is needed to assure smooth enrollment of applicants into Exchange and SHOP coverage. We volunteer to be among the stakeholder groups included in future reviews of revisions to the forms, focus groups or other test groups engaged to provide timely and helpful feedback.

We urge you to consider the issues raised in these comments and stand ready to partner with you to achieve the results all of us hope will be achieved.

Sincerely,

Colleen M. (Candy) Gallaher
Senior Vice President - State Policy

Attachment

CMS-10438 - Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program

The statutory basis for ICR CMS 10438 is §1311(c)(1)(F) of the ACA, which requires HHS to require plans to utilize a uniform enrollment form that qualified employers may use, and §1311(c)(5)(B) requires HHS to develop a model application that assists employers in determining if they are eligible to participate in SHOP. Based on those authorities HHS has developed a single, streamlined form that employees will use to apply to the SHOP, consistent with the provisions of §155.730 of the Exchange Final Rule (77 FR 18310) about this "single employee application," which will be used to determine eligibility.

Comments on Appendix B: SHOP Insurance Applications for Employees

As previously noted, we are concerned that these applications fail to provide for a path to enrollment. Specifically, the Employee application (form 10438) does not provide key information needed to determine certain enrollment elements that have to be collected to assure proper rating, such as location, tobacco use, family size or individual policies, and eligible dependents – or those they seek to have their employer permit as eligible dependents on the policy. We understand many of the problems that can occur during the application process and we want to ensure that applicants for coverage do not lose access to coverage as a result of incomplete or inaccurately completed applications.

We also strongly recommend that any online access in the SHOP to the employee regarding their enrollment in coverage be limited to verifying the information entered on their behalf. The employer or their broker has the primary responsibility of confirming that the employee and the dependents they seek to enroll are eligible under that group's coverage. That information should be confirmed by the employer before "going live" to the employee. Once that enrollment is verified, then the SHOP access for the employee can go live. Any new dependents they seek to add should come from the employer to the SHOP, not the employee adding dependents directly.

We also note that where the new information we recommend is missing on the online application questionnaire, the online collection of data elements will need to be updated too.

On Page 1: Insurance Affordability Program Eligibility: The SHOP Employee application in the box titled "*Alternatives*" provides information for applicants advising that if their employer sponsored coverage is more than 9.5% of their household income they may be able to get help paying for insurance. However, it does not provide information that if the employer coverage does not meet the minimum value requirements, they could also be eligible for coverage through the individual Exchange.

- **Recommendation**: We recommend that language addressing minimum value of employer coverage also be added to the SHOP Employee application.

On Page 1: " What Next": The language notes that "*...you'll hear back from us (the SHOP) with details about your enrollment*." This should provide more details for the employee - or the SHOP Call Center will be inundated by calls that could be avoided.

- **Recommendation:** Under the "*What Next Section*" this additional information should be added, at a minimum:

  We'll also collect any premium you will be required to pay if your employer pays only a portion of premium, and we'll get you enrolled.

On Page 2 more information identifying the Employer is needed. At the top of the page it only asks "*Who is your employer? (Employer Name).*" This is inadequate to assure that the application, if sent directly to the SHOP, would be correctly linked to the proper employer. We suggest more information is needed to guarantee the right employer group is identified.

- **Recommendation**: Under the line for *Employer Name,* another one should be added for the Employer's address and main telephone number. If employers are providing this application to their employees, and collecting them (as it appears is intended on *Page 3, Step 4*), then the employer should have the option of providing that information, or better yet, having access to the form template from the HHS website to customize and input that information to provide to their employees.

- **Recommendation**: There should be a data box or blank line (and data field on the online application) to provide the Employee's work address. This may or may not be the same as the Employer's address, due to multiple worksites in a state, or other states, or the increase in tele-working. This information is needed to assure the appropriate rating of the group.

  We recommend the title for that line as: "*Tell us your work address, if different from the address above, or if you work from home.*"

Missing Information Regarding QHP Plan Selected by the Employee: In order to facilitate enrollment with this application, the application should provide a question box for the employee to select their preferred QHP within the metal level selected by their employer (if an employee choice model). To accommodate states permitting an employer choice model, the application could use that same box to collect the QHP information if the box includes a simple label, such as "*QHP You Select to Enroll In*".

- **Recommendation**: Add a new box to collect the QHP selected by the Employee, labeled "*QHP You Select to Enroll In.*"

***Missing Information Regarding Effective Date of Coverage*:** The SHOP will need this information for employees added after the original effective date of the group – whether new employees or employees after their waiting period has ended, or for employees or dependents added during their Special Enrollment Periods.

- **Recommendation:** Add a line to indicate the effective of date of coverage. We suggest it would be best located on page 2, under the information under *Employe*r and Worksite location.

Missing information to identify whether the application is a new enrollment, or a change in enrollment, or an additional dependent on the enrolled employee coverage: There should be a series of boxes added that ask those questions with a check box beside them: ☐*Is this a new enrollment,* ☐*A change in an enrollment,* ☐*A new dependent added to coverage*.

Missing Dependent Information: The SHOP Employee application is missing necessary information about the dependents they seek to enroll in coverage. This is needed to assure both eligibility and also for the SHOP to complete enrollment and premium development at the next step of the process.

- **Recommendation**: There should be a new section added to collect information on the dependents to be added to the coverage in this application. This should collect the same level of information requested in the online questionnaire, including:
  - relationship (and a statement, *Please check with your employer to find out who can be enrolled under your family coverage*.)*,
  - full names,
  - gender and age,
  - whether living at same address as employee, and if no - the address
  - SSN,
  - telephone contacts, including their preferred contact number for their health insurer should contact them at,
  - email contacts,
  - if covered under other coverage – and if yes, the name of the other carrier for COB,
  - if covered under Medicare- if yes their Medicare Number,
  - whether Active Employee, Retiree, or COBRA enrollee (and date of qualifying event),
  - whether American Indian or Alaskan Native, and name of Federally-recognized tribe,
  - Preferred Language, and
  - (Optional) Race and Ethnicity.

  * Please note our comments related to "relationship" for the Employer application. The Employee should only be able to select among the relationships that the Employer determines they will cover under the policy. The relationship categories should reflect standard eligible relationships, and a field for "other."

Missing a field to collect the number of hours per week the employee works. We recommend that be included on the Employer application as well. This is needed to confirm consistency with the Employer reporting.

Missing Tobacco Use Information: The online application questionnaire includes the questions regarding tobacco use, but the paper applications do not.

- **Recommendation**: Add the necessary question regarding tobacco use to the paper applications, for the employee and for each dependent.

CMS-10439 - Eligibility Determinations and Enrollment for Small Businesses in the Small Business Health Options Program

The statutory basis for this ICR CMS-10439 is §1311(b)(1)(B) of the ACA which requires that the SHOP assist qualified small employers in facilitating the enrollment of their employees in QHPs offered in the small group market. §1311(c)(1)(F) of the ACA requires plans to utilize a uniform enrollment form that qualified employers may use. Further, §1311(c)(5)(B) requires HHS to develop a model application that assists employers in determining if they are eligible to participate in SHOP. HHS has developed form 10430 as a streamlined form that employers will use apply to the SHOP. Section 155.730 of the Exchange Final Rule provides more detail about this "single employer application," which will be used to determine employer eligibility.

Comments on Appendix B: SHOP Insurance Application for Employers

The Employer application does not provide key information needed to determine certain enrollment elements that would have to be collected to properly administer an employer account, and which both the SHOP and the QHP issuers need. We strongly recommend this application be substantially revised to allow for enrollment information to be gathered. If the application does not collect this necessary information, issuer will have to contact the employers directly with additional forms, which could delay the process.

The Employer application should allow the employer to advise of the date of coverage they wish the coverage to be effective, and should collect important information related to the Employer choice of QHP metal levels. The application should also allow for the option for Employers to select the QHP or QHPs they wish to offer – for use by states that choose to include that option.

We also note that where the new information we recommend is missing on the paper application, the questionnaire's online collection of data elements will need to be updated too.

Our detailed comments and suggestions to address these concerns follow.

Recommendation: The SHOP will need additional important information from the employer that is missing from the form. The following list of important information needed for the SHOP and issuers to enroll employer groups should be added to the application for employers:

- T**he application needs to ask for the date of coverage requested.** This is important, since small groups typically begin to shop for insurance in the last quarter of their current contract year. And the SHOP would want to be cognizant of the timing of loading groups in order to be properly staffed for large volume of enrollments.

- **The application needs to ask the employer to indicate the QHP metal level or the QHP(s) they have selected, or wish to consider, as applicable**.

- **The application needs to ask for the employer contribution to premium.** If it is less than 100%, the application must ask the Employer to indicate the metal level of coverage

they will offer, and the reference plan they select that will be used for establishing the employer contribution, and the amount of the Employer contribution (when there is an employee choice or cafeteria plan scenario).

- **The application needs to collect more information regarding the employer Organization Type.** While it asks for *Employer Type* on *Page 2 in Step1,* insurers need additional information to comply with federal and state regulations from the employer group. The additional Organization Types we recommend be listed include: ☐ Partnership, ☐ C-Corp, ☐ S-Corp, ☐ LLC/LLP, ☐ Sole Proprietor with owner and common law employees during the preceding calendar year, ☐ Sole Proprietor with only spouse with no common law employees during the preceding year, or ☐Independent Contractor.

- **The application needs to ask the employer for controlled group information** – whether it is the parent, or subsidiary, or branch operation – which may be necessary for the SHOP providing coverage in a given state, but is also necessary information for insurers to determine employer size. A related question that should be asked in this context is whether the employer files taxes with another company(ies) on a consolidated bases, which is needed to determine employer size.

- **The application needs to ask for more information on the employer locations**. The SHOP – and other state SHOPs, will need to know whether there are multiple locations in the state, or if there are locations where they will be enrolling employees in another state. Issuers will need this information to be sure they match employees to proper work locations (see our comments on the Enrollee application).

- **The application should ask if the employer group is a member of an association**, and if yes, the name of the association.

- **The application needs to add data boxes or input lines to gather additional ERISA plan information** so issuers can properly administer regulatory requirements. Data boxes on the paper application, and data fields in the online application should be added to collect:
    1) ERISA plan year,
    2) ERISA Plan Administrator, and
    3) ERISA Plan Administrator's contact information (name, telephone contact numbers, email address and physical address).

- **The application needs to collect other workforce information**, such as whether these are 1099 employees, Union employees, other (temporary, seasonal, or variable employees).

- **The application needs to ask if the group is active, retired, or COBRA coverage**. If COBRA coverage, it needs to collect information on the COBRA administrator.

- **The application needs to ask if the employer is working with a payroll company or administrator.** If such a third party is handling payments and billing, the SHOP will need to know that.

- **The application needs to ask whether there are employee contributions**, and if employee contributions are collected through a cafeteria plan (Section 125 plan).

- **The application needs to ask if the following apply to the group: Medicare Secondary Payer, state continuation coverage (so called "mini-COBRA), TEFRA, and DEFRA**.

- **The application needs to ask if the coverage is offered to employees only, or if it is offered to dependents, too**.

- **The application needs to ask the employer whether coverage for dependents includes domestic partners or same sex and opposite sex partners**.

- **The application needs to ask the employer for their eligibility requirements for employer coverage** – if they have a waiting period, or a number of hours an employee must work to be eligible for employer sponsored coverage, or any classes of workers excluded from coverage.

- **The application needs to ask for both the total number of employees and their enrollment status:** how many enrolling in coverage, the number of employees waiving coverage and the number of employees in a waiting period at the time of the application.

- **The application also needs to ask for the Total Average Employee count for the previous year** *(needed by health issuers to support the required Medical Loss Ratio reporting under the ACA).*

On *Page 1* of the *Insurance Application for Employers* the paragraph under the title states that "*It should take about 15 minutes to complete this application*". It will take a small employer more time than that to collect all the necessary information and complete the application. A small employer with 35-40 people need more than 15 minutes for the application. We suggest that estimate be revised to a more reasonable timeframe or removed completely.

On *Page 1* of the *Insurance Application for Employers*, in the "*What Happens Next*" box it indicates that the employer will hear back from the SHOP within 3-4 weeks, letting them know if they're eligible to buy insurance and giving them the billing information for payment. This appears to assume they have selected a QHP and are now being billed for payment. However, as noted, it is unclear how the employer has notified the SHOP of the QHP they have selected.

> **Recommendation**: We strongly recommend that this application be revised to be a full application, to be an eligibility and enrollment tool. The application should be revised to include the items we listed on the previous page to collect the information necessary to allow the employer to select the coverage they seek to purchase and offer to employees.

On *Page 1* of the *Insurance Application for Employers*, under the "*Your Information is private*" section the second bullet indicates "*We'll use the information on this form only to see if you qualify for health insurance.*" We recommend this be revised to allow for use of the information in enrollment, too.

> **Recommendation**: We recommend this sentence be revised to state:
> *"We'll use this information on this form only to see if you qualify for health insurance and for enrollment purposes."*
> We recommend that same change on page 4, in the attestations above the signature related to privacy.

On *Page 2 in Step 1* of the application there should be another information box or lines added to the application to collect *Other Business Locations* under the employers *Primary Business Address* section. The SHOP and issuers will need to know the location of employees in that state to assure that the group rates are properly identified based on geographic location.

> **Recommendation**: To address this need, we recommend there be an area on the application to ask the Employer to list other worksite locations:
> ☐ *Other worksite locations in this state*
> _____ *address*
> _____ *address*
> ☐ *Worksite locations in other states*
> _____ *address*

On *Page 2 in Step 1* of the application it asks "*How many full time equivalent employees*" an employer employs, but does not define how to calculate that number. The application also does not define "full-time" nor the size of a small employer group. This is important information for the employer group filling out the application; and the online questionnaire's attestation of "50 or fewer" is not helpful here.

> **Recommendation**: To address this need, we recommend that there be a standard series of Q&As created to accompany the application – and that allow States to add the information related to the small group size in that state. And in a State Based Exchange, the state application would indicate how group size is counted. We understand the "full-time equivalent" method of in determining group size will be used in the case of the Federally Facilitated Exchanges but not in the majority of State Based Exchanges.

On *Page 2 in Step 2* of the application, in the section for '*Secondary Contact*" it would be helpful to know if this is an employee, or a billing consultant, or an HR /payroll firm. Thus we recommend an addition of another line that asks for "*relationship to Employer*."

Recommendation: Add another line that asks "*Relationship to Employer?"* and include these boxes*: ☐ Employee, ☐HR/Payroll firm, ☐Accountant or Billing Consultant, ☐ Other*.

On *Page 2 in Step 2* of the application there should be another box or input line to collect agent or broker information. This is important in the event any online broker portal is down or if the employer seeks a copy of the information related to their application; and information should be made available to the SHOP and the issuer in the event a small group mails the applications directly to the SHOP.

Recommendation: Add an input line to collect following "*Secondary Contact*" to indicate "*Agent or Broker Contact, if applicable*". The information collected should be

*Agent or Broker Name*_____
*Agent or Broker Agency - if different from above*_____
*Agent or Broker ID or Tax ID*_____

On *Page 3, Step 3* of the application a new information box must be added to collect information from the employer regarding Eligibility - for them to describe who they plan to offer coverage to [Active, Retiree, Full-Time, Part-time] and whether it is employee only, employee + spouse only, or employee + dependents. It should also ask employer to identify the eligible dependents that the employer will include in coverage. This should include the traditional dependent categories used in group coverage, and not the larger "household categories" used in the individual Exchange - especially those in relation to the Insurance Affordability and Medicaid and CHIP application in PRA 10440.

We further recommend that this be broken out as another STEP on the application, that a new Step 3 be added and the subsequent steps renumbered:

Recommendation: Add a new Step Titled: "*Who is Eligible for Coverage Under the Coverage?*" This step would relate to Section III Eligibility in the online questionnaire, and thus the questionnaire should include these questions, too. It should also ask the employer to select the eligible enrollees they would make premium payments for - all - or if they will cover premium payment for employee only and the employee would have to pay 100% of premium for dependents' coverage:

Select those that apply:
☐Active employees
☐ Retired employees
☐Full-Time employees
☐Part-time employees

Select those that apply:
☐ Employee-only
☐Employee-spouse only

☐ *Dependents:*
- ☐ *Spouse*
- ☐ *Domestic Partner*
- ☐ *Child/Children*
- ☐ *Child/Children placed for adoption*
- ☐ *Child/Children employee has in guardianship*
- ☐ *Other _____*

Will you be making premium payments for:
☐ *All family members,*
☐ *Employee only, or*
☐ *Employee spouse (or domestic partner) only*

On *Page 3, Step 3* of the application the employee roster is missing some important data elements needed for verification and for completing enrollment.

Recommendations: The Employee roster must list additional information. This information is needed to ensure that the employee's application conforms to the employers' determination of coverage eligibility, to check for discrepancies, and to assure accurate and complete enrollment:

- *Employee workplace location, if different from the main address in Step 1,*
- *Number of hours per week worked to help determine employment status (as is requested in the online questionnaire),*
- *Employee home address (physical location, not post office box),*
- *Employee email (as is requested on the online questionnaire), and*
- *The number and names of dependents being added to coverage. (We recommend they be added under each line per employee.)*

On *Page 4, Step 4* of the application, the "*Sign and Date*" section we recommend the first bullet's last line -the statement *"I know that if I'm not truthful there may be a penalty."* should be strengthened.

Recommendation: Add additional information to strengthen the admonishment about fraud or intentional material misstatements. We recommend that line be revised to "*Insurance fraud is unlawful. I know that if I'm not truthful there may be a penalty*."

On *Page 4, Step 4* of the application, the "*Sign and Date*" section please add a line for the signor's name to be added. Insert *Name* _____ , to be provided immediately below the signature or beside it, since many signatures are not easily readable.

CMS-10440 - Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies

The statutory basis for this ICR CMS-10440 is §1413 of the Affordable Care Act which directs the HHS to develop and provide to each State a single, streamlined form that may be used to apply for coverage through the Exchange and Insurance Affordability Programs, including Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program, as applicable. The application must be structured to maximize an applicant's ability to complete the form satisfactorily, taking into account the characteristics of individuals who qualify for the programs. Section 155.405(a) of the Exchange Final Rule (77 FR 18310) provides more detail about the application that must be used by the Exchange to determine eligibility and to collect information necessary for enrollment. The regulations in §435.907 and §457.330 establish the requirements for State Medicaid and CHIP agencies related to the use of the single streamlined application.

Comments Related Insurance Affordability Programs, Medicaid and CHIP Issues in Appendix A: List of Questions in the Online Application

The ICR notes that CMS is designing the single streamlined application to be a dynamic online application that will tailor the amount of data required from an applicant based on the applicant's circumstances and responses to particular questions. And the paper version of the application will not be able to be tailored in the same way but is being designed to collect only the data required to determine eligibility. We understand that, and make our comments in that context.

The Background page notes that the "*questionnaire doesn't include help language, "pop ups", or links to explanations, which we acknowledge will be critical to successful completion of the application for many people. We'll be developing that text over the next several weeks*." Based on the experience of state Medicaid and CHIP programs, the availability of language assistance for individuals for whom English is not their primary language will be critical to the successful completion of the application.

> **Recommendation**: CMS should ensure that the help language includes information that prominently highlights at the beginning of the application process (e.g., on the web sites where applications are made available and where the applicant begins the process to start "My Account") the availability of assistance in languages other than English and how to access this assistance.

Under *Section I. My Account. A. Create an account*, the information under A.1.(k.) "*No home address*" indicates if selected, prompt to enter a mailing address. We understand that this is intended to address those who are homeless, or temporarily in transition. And we recognize those are special cases. We note that many people can be in transition, and recommended that questionnaire prompts for the option of indicating an address is temporary, with the option of providing both a temporary and permanent address with a timeframe for residence at each address. The application should allow the individual to provide an attestation of intended change

of residency and an anticipated timeframe for this change. We provide the following recommendations to address these instances.

> **Recommendation**: For those who are homeless or in transition, after the eligibility determination is completed, during the applicant(s) enrollment process they must be asked to identify the area where they expect to live or where they are most likely to obtain services. The Exchange will need to provide that information to health insurers - who will need it to provide information such as PCPs available to that individual, and if it is for an individual in transition, and not for appropriately reporting on the rating area of enrollees, or service areas for coverage.
>
> **Recommendation**: Add a check box to indicate if this home address is temporary, and if it is checked, a line indicating "*If yes, do you know your next address? Yes/No. If yes, please indicate it here _____".*

Under *Section III. Getting started,* information for subsections *A. Contact Information* and *B. Contact home address*, will automatically be pre-populated with the information entered by the applicant in *Section I, My account*. The parenthetical notes in both subsections A and B indicate that the online form will "allow for editing" of the pre-populated information by the individual filling out the application. If such editing is made in Section III, it is unclear whether or how the information in Section I will be updated to ensure consistency in the database.

> **Recommendation**: CMS should provide clarification on how the contact information in *My Account* and *Getting Started* will be made consistent when individuals who fill out the application edit their information under the Getting Started Section.

Under *Section III. Getting started, D. Contact phone, 2. and 4. Phone type: (select one.),* the person filling out the application has the option to provide two contact phone numbers which may either be cell, home, or work numbers.

> **Recommendation**: The application requests an extensive amount of information that is needed to process the application and determine eligibility, and it is critical that eligibility determinations be made on a timely basis. To help ensure that the individual who fills out the application can be contacted to provide missing information or clarify conflicting information on a timely basis, we agree that it is essential to have multiple sources of contact phone numbers. Since phone numbers can change frequently for this population and back-up numbers can be critical to effective follow-up efforts.
>
> CMS should revise the online application to accept all three phone numbers and signal to individuals filling out the application the importance of providing all of these phone numbers, if available. The application should also be revised to call for individuals to designate one phone number to serve as the primary point of contact.

Under *Section III. Getting started, E - Texting as a communication option,* the question is phrased as contact preferences "*specific to your application*". We understand this to be a texting

option for Exchange communications. We strongly recommend it not be required of issuers. We also suggest this prompt is an option for the applicant to indicate their preferred form of communication with the issuer, whether by email or mail.

Under *Section III. Getting Started, F. Authorized representative* the instructions inform the person filling out the application that he/she can designate an individual as an "authorized representative." However, the brief description does not clearly state that the authorized representative will receive all program correspondence and that the designation continues until it is revoked by the applicant.

> **Recommendation**: The application should be revised to make the individual who is considering the option of designating an authorized representative more fully aware of the information that will be sent to the authorized representative and that the designation continues beyond submission of the application. We suggest that CMS add the following language to the instructions following the sentence "*This person is called an 'authorized representative*'.":
>
> > *This authorized representative will continue to receive all program correspondence from the Exchange on your behalf after the application has been submitted and this person will remain your authorized representative until you inform us that you wish to revoke this authorization.*

Under Section III. Getting started, F. Authorized representative question 5.b. requests that applicants submit documentation of proof that the individual is designating an authorized representative. The online application is unclear how and to whom this documentation would be provided. Moreover, requiring online applicants to submit documentation in a paper format could provide a disincentive to individuals to designate authorized representatives when one is needed.

> **Recommendation**: The online application should provide applicants with clear instructions about how to submit the required documentation and provide options for electronic submission if possible.

An additional observation regarding the authorized representatives is that issuers need to know how they will be notified of this designation if the applicant fills in an online application. We note there is no reference to the authorized representative on the 834 - so that will not be transmitted to the issuer. We suggest that it may be appropriate for this information to remain at the Exchange, and that the authorized representative is only authorized for communications between the Exchange and the applicant.

> **Recommendation**: We recommend that there be clear notice that the authorization for the authorized representative is regarding the communications between the Exchange and the applicant for applications, eligibility, renewals, and other Exchange notices or communications.

Under *Section IV. Help paying for coverage, B. Income Screener,* and *Section VI. Family & household, A. Tell us about your household* the person filling out the application is requested to provide information about his/her income tax return. There is a concern that some applicants may link these questions to the potential for a future audit by the Internal Revenue Service, which could potentially serve as a disincentive for individuals to complete the application.

> **Recommendation**: CMS should insert the following pop-up in this section:
> *The information you provide about your tax return will be used for processing the application only and will not be used for any other purposes.*

Under *Section IV. Help paying for coverage, B. Income Screener,* the application includes additional screener questions for individuals filling out the form who indicated that they did not want to find out if they or their family could get help paying for health insurance in order to determine whether to encourage the applicant to consider applying for help in paying for health insurance. For an individual who did not file a tax return, the individual is asked to provide his/her income and the number of people living with the individual. This information is necessary for assessing the applicant's family income and potential eligibility for an insurance assistance program. However, requesting this information from an individual who does not file a tax return may cause the individual to include persons who are not family members and are therefore not considered in the family income calculation.

> **Recommendation**: CMS should clarify the question to ask how many family members are living with them. Text or pop-up boxes should be provided that help the applicant to understand which individuals are included for estimating possible eligibility for assistance.

> **Recommendation**: If the applicant in B.(2) responds affirmatively to the question "*Based on your best guess, do you expect your total household income to be less than_____ this year*?" we recommend that text or a pop up box advises the applicant that any subsidies (Advance Premium Tax Credits, etc) received under the Insurance Affordability Program would be reconciled with their following year's tax return.

Under *Section XI. Current/monthly income, 4.b.,* the application asks the applicant to provide job income and also to provide "information about a one-time amount you got from a current or former employer this month." It is not clear how an applicant will know which types of one-time amounts should be included or excluded (e.g., bonus payments, additional commissions, expense reimbursement) or how to relate this amount to the frequency of payment (e.g., the information requested in *4.c.* which refers to hourly, monthly, etc.), or how to capture income that includes both routine and one-time amounts.

> **Recommendation**: CMS should assist the applicant by adding an explanation of the types of one-time amounts that should be reported. Describe how the one-time amounts relate to the question on frequency of payment, and how to designate income that includes both routine and one-time amounts.

Under *Section XIII. Health coverage (APTC eligible): access*, in determining whether an individual may be eligible for the Advance Payment Tax Credit (APTC) applicants are asked a series of questions to determine whether they have access to health coverage through a job. We are concerned that some applicants with children who have employee-only coverage and are APTC eligible will complete the application without assessing whether their children are eligible for insurance affordability programs such as Medicaid or CHIP which could result in some eligible children not obtaining coverage for which they qualify.

> **Recommendation**: To ensure that applicants do not abandon the application process under the false impression other family members are not eligible for assistance, CMS should provide additional information in the application protocol that prompts the individual to continue with the application process to determine if other family members may be eligible for assistance.

Under *Section XX. Review and Sign, D. Eligibility Results, 3.*, a person submitting an application in a state which has not delegated final Medicaid eligibility determinations to the Exchange and who is assessed to be ineligible for Medicaid based on modified adjusted gross income (MAGI) has the option of withdrawing his/her application for Medicaid coverage. However, this question does not inform the applicant about the consequences of withdrawing the Medicaid application which may result in the individual forgoing additional coverage for which he/she is eligible.

> **Recommendation**: CMS should add information to the application about the consequences of choosing to withdraw a Medicaid application in states where Exchanges are not performing final Medicaid eligibility determinations. Consistent with the recently proposed rules at §155.302(b)(4)(i)(A), CMS should clearly indicate that Question 3 on page 48 will not be asked of individuals whose responses to questions earlier in the application indicate they may be eligible for Medicaid on a non-MAGI basis.

Comments Related to Insurance Affordability Programs, Medicaid and CHIP Issues in Appendix C: Paper Application for Health Insurance

We recommend that the paper application information match the fields in the online application, and vice versa, to the extent possible. Where discrepancies are critical, we've noted them.

On *Page 1 the Cover Page* of the application more information is needed. This application is for Insurance Affordability, Medicaid and CHIP eligibility determinations, and does not collect information regarding the coverage the applicants are seeking to enroll in. If it is to be a multi-step process, the applicant must be advised of that. And the applicants will want to know when and how they can get enrolled in coverage. The *Cover Page* box "*What happens next*?" should inform the applicant of how they can get enrolled.

> **Recommendation:** Include information advising the applicant what will occur, and how they can act to get enrolled immediately following the sentence "We'll let you know what programs you might be eligible for" in the "*What happens next*?" box. If they will be notified in writing, with an enrollment eligibility code to use in creating an online account, or in discussing their options with the Call Center, that should be indicated here.

On *Page 1 the Cover Page* "*What happens next*?" box also includes the statement "*We'll let you know what programs you might be eligible for within 1-2 weeks.*" However the applications will be accepted without complete information, and possibly missing critical information. The application can be improved by including an asterisk with each data element that is required information, so that the applicant will know the base data that must be submitted for the eligibility determination to begin.

> **Recommendation**: To provide a more realistic response we recommend you move the statement "*We'll let you know what programs you might be eligible for within 1-2 weeks*" to immediately follow the first sentence referring to the complete application, where it should apply. Immediately following the sentence that begins "*If you don't have all the information we ask for….*" add this sentence:
>
> *"We will contact you for missing information if we cannot complete the determination based on the information provided."*

> **Recommendation:** Throughout the application asterisk or highlight information that is required information, to assist the applicant in submitting a complete application (the minimum necessary to begin the process of determining eligibility).

On *Page 2, in Step 1* the person referred to in the "*Step 1*" section in both may or may not be the applicant. But it is clearly intended to be the "Household Contact" or "Application Contact." That should be made clearer in *Step 1*. This is one of those instances where the online questionnaire makes this clear, but the paper application does not.

> **Recommendation**: Immediately below the title "*Tell us about yourself*" revise the parenthetic information that begins "*We will need to contact an adult member of the*

family." We suggest that the language be broad enough to address the variety of application scenarios that could occur. For example, an adult parent might be seeking a child-only policy, an entity as an authorized representative of an individual might be seeking coverage for the applicant, or a grandparent might be seeking coverage for children, grandchildren. Thus we recommend this language replace the existing language:

> *Please have an adult complete this section. We will need an adult as household contact, or application contact. You can be the household contact and apply for coverage for yourself, or for others in the household*".

On *Page 2, in Step 1*,it should ask if the household contact is an authorized representative. Thus, information regarding an authorized representative (as indicated on the signature page, on page 19) should also be included on Page 2. Since the individual in *Step 1* may be acting on behalf of others, it should be clear if they are an authorized representative or entity.

Also, since an individual has the option of naming an authorized representative, and for some individuals, this will be critical in applying for assistance; we are concerned if this information is not included in the early pages of the paper application. We are concerned that individuals might not be aware that they may designate an authorized representative prior to beginning the application process, and as a result, may be discouraged from submitting an application.

> **Recommendation**: We suggest that the paper application be revised to include in *Step 1* the important information about the opportunity to designate an authorized representative from page 19 "*You can choose an authorized representative."* We recommend further that more information related to the role of that authorized representative is needed on the paper application to protect the consumer. The authorized representative should be required to be identified if an organization, or, if an individual – what that relationship is.

Page 2 Step 1 in the *Tell us about yourself* Section there is a box, with "*Check Here if you don't have a home address."* We understand that this is intended to address those who are homeless, or temporarily in transition. And we recognize those are special cases. We note that many people can be in transition, and recommended that the applications provide the option of indicating an address is temporary, with the option of providing both a temporary and permanent address with a timeframe for residence at each address. The application should allow the individual to provide an attestation of intended change of residency and an anticipated timeframe for this change. We provide the following recommendations to address these instances.

> **Recommendation**: For those who are homeless or in transition, after the eligibility determination is completed, during the applicant(s) enrollment process they must be asked to identify the area where they expect to live or where they are most likely to obtain services. The Exchange will need to provide that information to health insurers - who will need it to provide information such as PCPs available to that individual, and if it is for an individual in transition, and not for appropriately reporting on the rating area of enrollees, or service areas for coverage.

> **Recommendation**: Add a check box to indicate if this home address is temporary, and if it is checked, a line indicating "*If yes, do you know your next address? Yes/No. If yes, please indicate it here _____*".
>
> **Recommendation**: A physical address for each applicant is needed, instead of a P.O. Box on the application. This is needed for a physical location for network purposes, geographical rating, and fraud prevention and detection.

Page 2 Step 1 – in the boxes for telephone numbers – We recommend that similar to the online questionnaire version the paper application should provide for boxes to check to indicate if the numbers are home, work, or mobile.

> **Recommendation**: Include check boxes under the space for the *Phone Number*, and *Other Phone Number* that indicate: ☐*Home,* ☐*Work,* ☐*Mobile.*
>
> We also request there be a check box added to indicate: ☐ *I consent to be contacted at these numbers by the Exchange or the health insurance company.*

Page 2 Step 2 in the *Tell us about your family* Section more information is needed to guide applicants through the "Build your household" process (as referred to in the online application) in the paper application. In particular, we strongly recommend a roster box be developed, that includes the potential enrollees that may be in the application. It will assist the applicant completing the application, and any reviewers that may need to seek follow-up information to complete the eligibility determination. It will also ensure that there is not information missing and will help to ensure that no family member is inadvertently left off the application for coverage.

> **Recommendation:** Create section entitled "*People included in this application (Check all that apply)*" and include at the very least ☐ *Self,* ☐*Spouse or partner,* ☐*Child,* ☐ *Children,* ☐*Other dependents.* This can serve as a checklist for the applicant, and help clarify situations that might not include the person in Step 1, or a parent on the application.

Page 2 at the bottom of Step 2 "Your information is private." We appreciate the need to assure applicants of the privacy of their information. We understand that that potential applicants might be concerned that social security numbers would be used as identification (ID) numbers, or that the Internal Revenue Service (IRS) would audit prior tax filings, or that Immigration and Naturalization Services (INS) might investigate households and that such deep rooted fears need to be addressed. But since some of that information must be shared with issuers as a part of enrollment for coverage, we believe the language needs to be modified to address that.

> **Recommendation:** Please clarify that the privacy statement in the application applies to the Exchange and that issuers will continue to have to issue their own privacy notices in accordance with federal and state laws.

> **Recommendation:** We recommend you develop a separate Q&A document on Exchange Privacy, or add it to a separate document to assist in providing additional assistance for applicants that can be posted on the Exchange website, provided with the applications, and used in training all of the enrollment facilitators (Navigators, in-person assisters, application counselors and agent and brokers) and Exchange call centers that specifically address those concerns.
>
> The Q&A document could clarify that this reference to "*Your information is private*" reflects the privacy of their information handled by the Exchange.
>
> We further strongly recommend that applicants are advised at the time of enrollment that their insurers are held to the HIPAA privacy standards, and will be sending them notices about their health information privacy upon enrollment.

In each person's Step 2 pages, in the box *"If Person isn't a U.S. citizen or national***"** it asks for Document Type and ID number and advises them go to page 20 for a list of eligible immigration statuses. However, the list of eligible statuses doesn't give them a guide to the document type they should provide. It would be helpful to refer to the corresponding form numbers provided in the drop down menu of the online application as is listed in the questionnaire on page 19.

> **Recommendation**: Link the information on page 20 of the paper application with the types of documents that can be used to satisfy the request for Document Type and ID number in each person's *Step 2* section if not a U.S. citizen or national. For example, an EAD is referred to in the list (which stands for Employment Authorization Document) but the individual would likely need an EA Card (I-766) and ID number for proof of those statuses. Likewise, a Certificate of Eligibility for Non- Immigrant status (F-1) or student status (I-20), etc. would be helpful information to include on page 20.

Page 15- in Step 3 the application refers to the *Employer Coverage Form* on page 21 two times, in two different locations, which is helpful. However it would be more helpful if one of those times, preferably the first time immediately under "*Tell us about the job that offers coverage,*" it encouraged the applicant to ask their employer to complete the Employer Coverage Form in order to have accurate information.

> **Recommendation**: We suggest the language in that section be revised from *"You can use the Employer Coverage Form on page 21 to get information from the employer about health coverage this job offers to help you complete this section*" to:
>
> > *"We suggest you take the Employer Coverage Form on page 21 to your employer to get information about the health coverage offered to help you complete this section."*

Also on Page 15- in Step 3 the last question asks "*Do you think the employers' coverage is affordable*? This question will likely result in guesses that don't provide meaningful answers. The online questionnaire on page 38 seems to indicate this question would only be included if the employer premium wasn't available. Because it is unlikely that the applicant will be able to

make a determination of whether the employees cost of coverage is more than 9.5% of household income, we question the value of including it.

> **Recommendation**: We suggest this question should be removed. If it is to be included, it needs to have some description of why it is asked.

On Page 18 in Step 5 in the section *Renewal of Coverage* – and in the online questionnaire on page 46 – there is a reference to "renewal of coverage". We believe this language confuses the concepts of renewal of coverage with renewal of eligibility in Insurance Affordability Programs. We believe this may confuse the individual – since guarantee issue and guaranteed renewability provisions would permit them to continue enrolled in coverage, even if they were no longer eligible for financial assistance.

> **Recommendation**: We recommend replacing the reference to "*renewal of coverage*" with the phrase "*renewal of help paying for coverage.*"

On Page 19 – You can choose an authorized representative - This is an area where the consumer would benefit from additional information being included in the application. We strongly recommend that the application explicitly notify individuals designating an authorized representative that the representative will continue to receive all Medicaid and CHIP program correspondence or Exchange and eligibility correspondence until such designation is withdrawn, consistent with the proposed rules at §155.227(c)(3).

> **Recommendation**: It is important that applicants who are using an authorized representative understand what the role entails from a legal perspective, and how they can change those authorizations. We are concerned that the "friendly language" of the application does not provide enough safeguard for the applicant, nor advise such "*trusted friend or partner*" of the seriousness of the role they play. Thus, we recommend that this language be strengthened consistent with the final provisions of the proposed rules regarding authorized representative.

Important Information Missing from the Application*:*

Tobacco Use**:** The online application questionnaire includes the tobacco use question "*Have you used tobacco in the last twelve months?*" But it does not appear on the paper application. It should be included for each individual enrolling with the applicant. It should also ask "*And are you currently a smoker?*"

> **Recommendation**: The application should include questions regarding tobacco use. It should also include a requirement for the applicant to attest to the accuracy regarding tobacco use. [We note that this question should be disabled for States where tobacco is not allowed as a rating variable (e.g., New Jersey).]

Stronger Language Regarding Fraudulent Statements: The online application questionnaire includes stronger language that should be emphasized on the paper application as well. It is

important to remind individuals of this, particularly if this is the first application they've completed.

> **Recommendation**: Strengthen the language in *Step 5* on page to insert the language similar to that found on page 46 of the questionnaire:
>
> > "*Insurance fraud is unlawful. I'm signing this application truthfully. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful there may be a penalty*".

Also *on Page 19* there should be another box or input line to collect agent or broker information. This is important in the event any online agent broker portal is down, or if the applicant sends their application directly to the Exchange. It is also important in case the applicant wants a copy of the application submitted on their behalf by and agent.

> **Recommendation**: Add an input line to indicate "*Agent or Broker if applicable.*" The information collected should be
>
> *Agent or Broker Name*_____
> *Agent or Broker Agency - if different from about*_____
> *Agent or Broker ID or Tax ID*_____

Comments Related Issues in Appendix D: Paper Application for Health Insurance

This application, of all of the applications, is most misleading to a consumer. They think they are applying for health insurance, but don't have any opportunity to indicate the coverage, or select a QHP and pay a premium. Even if they've "shopped online" and determined the QHP they want to enroll in, they can't. Our prior comments about the need for clarity of the purpose of this form are important here. If it is to be a multi-step process, the applicant must be advised of that. And the applicants will want to know when and how they can get enrolled in coverage.

We strongly recommend this application be revised to collect enough information to complete the enrollment information gathering in one step.

The *Cover Page* box "*What happens next*?" should inform the applicant of how they can get enrolled.

> **Recommendation:** Include information advising the applicant what will occur, and how they can act to get enrolled immediately following the sentence "*We'll let you know what qualify for*" in the "*What happens next?*" box. If they will be notified in writing, with an enrollment eligibility code to use in creating an online account, or in discussing their options with the Call Center, that should be indicated here.

On *Page 1 the Cover Page* "*What happens next*?" box also includes the statement "*We'll let you know what you qualify for within 1-2 weeks."* However the applications will be accepted without complete information, and possibly missing critical information.

> **Recommendation**: To provide a more realistic response we recommend you move the statement "*We'll let you know what programs you might be eligible for within 1-2 weeks*" to immediately follow the first sentence referring to the complete application, where it should apply. Immediately following the sentence that begins "*If you don't have all the information we ask for…."* add this sentence:
>
> > "*We will contact you for missing information if we cannot complete the determination based on the information provided."*

> **Recommendation**: The application can be improved by including an asterisk with each data element that is required information, so that the applicant will know the base data that must be submitted for the eligibility determination to be made.

Page 2 Step 1 in the *Tell us about yourself* Section there is a box, with *Check Here if you don't have a home address***.** We understand that this is intended to address those who are homeless, or temporarily in transition. And we recognize those are special cases. We note that many people can be in transition, and recommended that the applications provide the option of indicating an address is temporary, with the option of providing both a temporary and permanent address with a timeframe for residence at each address. The application should allow the individual to provide an attestation of intended change of residency and an anticipated timeframe for this change. We provide the following recommendations to address these instances.

Recommendation: For those who are homeless or in transition, after the eligibility determination is completed, during the applicant(s) enrollment process they must be asked to identify the area where they expect to live or where they are most likely to obtain services. The Exchange will need to provide that information to health insurers - who will need it to provide information such as PCPs available to that individual, and if it is for an individual in transition, and not for appropriately reporting on the rating area of enrollees, or service areas for coverage.

Recommendation: Add a check box to indicate if this home address is temporary, and if it is checked, a line that indicating "*If yes, do you know your next address? Yes/No. If yes, please indicate it here _____*".

Recommendation: A physical address for each applicant is needed, instead of a P.O. Box on the application. This is need for a physical location for network purposes, geographical rating, and fraud prevention and detection.

Missing Information that needs to be collected: Information to determine whether the applicant or potential new dependents are eligible for a special enrollment period will need to be collected. We recommend a separate paper application be prepared for both the individual Exchange applications, and the SHOP Employee applications, and would like to work with you in creating those versions.

Page 2 Step 1 – in the boxes for telephone numbers – We recommend that similar to the online questionnaire version the paper application should provide for boxes to check to indicate if the numbers are home, work, or mobile.

Recommendation: Include check boxes under the space for the *Phone Number*, and *Other Phone Number* that indicate: ☐*Home,* ☐*Work,* ☐*Mobile.*

We also request there be a check box added to indicate: ☐ *I consent to be contacted at these numbers by the Exchange or the health insurance company.*

Page 2 Step 1 – in the information box regarding "*We need Social Security Numbers (SSN)*" the words "*everyone applying for health insurance*" are missing.

Recommendation: That language should read:

"We need Social Security Numbers (SSNs) for everyone applying for health insurance who has one."

Page 2 Step1 – We recommend that this page also include a header immediately following the SSN box, to encourage the person in *Step 1* to utilize that form if needed, to apply – as it appears to be formatted to do.

Recommendation: Insert a bolded header just above the block for information regarding SSN, Sex, and Date of Birth. We recommend it state:

> *"If you are applying for health insurance for yourself, please complete this section."*

Also on *Page 2 Step 1* – We recommend there be information to indicate if it is the applicant or an authorized representative filling in the information.

Step 2 – should include a comment to advise "*If you have more than 6 people in your family, you'll need to make a copy of this Step 2 and complete and attach to the application."*

Missing Information that needs to be collected: There is no information collected about other coverage the individual may be enrolled in. It is particularly important to determine other coverage for several reasons. The majority of states allow for coordination of benefits of individual coverage. Information collected at time of enrollment is necessary to assist in determining if this coverage will be primary, or potentially secondary payer for coordination of benefits.

> **Recommendation**: We strongly recommend another step be added to collect information related to other coverage. We recommend questions similar to those on the application for financial help in paying for premiums. Thus we recommend this information be collected:
>
> *Are you currently enrolled in health coverage from any of the following:*
> ☐*Employer coverage*
> ☐*COBRA coverage*
> ☐*Retiree health coverage*
> ☐*Medicare coverage*
> ☐*None of the above*
>
> *If you have checked any of those, please provide the name and address of that coverage/insurer.*_____
> _____

Missing Tobacco Use Information*:* The online application questionnaire includes the tobacco use question "*Have you used tobacco in the last twelve months?*" But it does not appear on the paper application. It should be included for each individual enrolling with the applicant. It should also ask "*And are you currently a smoker?*"

> **Recommendation**: The application should include questions regarding tobacco use. It should also include a requirement for the applicant to attest to the accuracy regarding tobacco use. [We note that this question should be disabled for States where tobacco is not allowed as a rating variable (e.g., New Jersey).

On *Page 7 – You can choose an authorized representative* - This is an area where the consumer would benefit from additional information being included in the application. We strongly recommend that the application explicitly notify individuals designating an authorized representative that the representative will continue to receive all Exchange and eligibility

correspondence until such designation is withdrawn, a noted in proposed rules at 155.227(c)(3).

> **Recommendation**: It is important that applicants who are using an authorized representatives understand what the role entails from a legal perspective, and how they can change those authorizations. We are concerned that the "friendly language" of the application does not provide enough safeguard for the applicant, nor advise such "*trusted friend or partner*" of the seriousness of the role they play. Thus, we recommend that this language be strengthened consistent with the final provisions of the proposed rules regarding authorized representative.

Also on Page 7 there should be another box or input line to collect agent or broker information. This is important in the event any online agent broker portal is down, or if the applicant sends their application directly to the Exchange. It is also important in case the applicant wants a copy of the application submitted on their behalf by and agent.

> **Recommendation**: Add an input line to indicate "*Agent or Broker if applicable*". The information collected should be
>
> *Agent or Broker Name*_____
> *Agent or Broker Agency - if different from about*_____
> *Agent or Broker ID or Tax ID*_____