



**BlueCross BlueShield  
Association**

An Association of Independent  
Blue Cross and Blue Shield Plans

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May 17, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Blvd.  
Baltimore, MD, 21233-1850

Submitted via the Federal Regulations Web Portal, <http://www.regulations.gov>

**RE: Paperwork Reduction Act (PRA) package for the Annual Eligibility Redetermination, Product Discontinuation and Renewal Notices ([CMS-10527](#))**

Dear Administrator Brooks-LaSure:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide comments on the Paperwork Reduction Act (PRA) package for the Annual Eligibility Redetermination, Product Discontinuation and Renewal Notices as issued in the Federal Register on April 17 ([88 Fed. Reg. 23429](#)).

BCBSA is a national federation of 34 independent, community-based and locally operated Blue Cross and Blue Shield companies (Plans) that collectively provide health care coverage for 1 in 3 Americans. For more than 90 years, Blue Cross and Blue Shield companies have offered quality health care coverage in all markets across America—serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare, and Medicaid.

We support the Centers for Medicare & Medicaid Services' (CMS) goal of ensuring exchange enrollees have access to timely information about their health care, and we appreciated the flexibility CMS provided in the Enforcement Safe Harbors related to Federal Standard Renewal and Product Discontinuation Notices for the 2023 Open Enrollment Period. These flexibilities allowed issuers to forgo including misleading information about consumers' subsidy eligibility and net premium on renewal notices and which encouraged consumers to check their exchange application for the most up-to-date information.<sup>1</sup>

We offer the following three recommendations to support this shared goal of communicating clearly to exchange enrollees about their benefits and premiums for the upcoming plan year:

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<sup>1</sup> <https://www.cms.gov/files/document/safe-harbors-related-federal-standard-renewal-and-product-discontinuation-notices.pdf>

**1. Permanently adopt the flexibility CMS provided for Renewal and Discontinuation notices for the 2023 Open Enrollment Period so issuers may continue to direct members to their marketplace to obtain accurate information about their 2024 premiums.**

As drafted, most consumers will receive renewal notices that estimate their 2024 subsidy eligibility and amounts based on outdated 2023 subsidy eligibility and amounts. As was true in the years before 2023's non-enforcement flexibility, these estimates are confusing for consumers. The outdated estimates often mislead members to believe they will owe a lower net premium than they will actually owe, discouraging members from reviewing their true 2024 premium and other coverage options on the marketplace. Based on feedback from our member Plans, navigators, agents, brokers and health plan call center staff all found that consumers were better informed about their premiums last year when notices directed enrollees to their marketplace for premium information. Enrollees' trust in their health plan, their enrollment assister and their exchange is likely to be higher when premium information is consistent between renewal notices, the exchange and the January bill. Members' trust is very important to issuers, and we are concerned that the current notice templates could erode that trust.

The current notice templates, after presenting estimated premiums under the "Your new premium" section, suggest consumers should wait for their January bill to find out their actual 2024 premium. Consumers would be better advised to verify the correct 2024 premium before making a final enrollment decision. The following paragraph does direct consumers to "update their application" to find out their actual 2024 premium. However, consumers who have not experienced life changes in 2023 may be discouraged from finding out their actual 2024 premium on the marketplace if they understand this to mean they must recomplete an application to be able to see their premium.

While we appreciate Congress' extension of the enhanced premium tax credits has temporarily mitigated some of the uncertainty surrounding last year's net premiums, we believe non-standardized product limitations and auto reenrollment policies introduced in this year's 2024 Notice of Benefit and Payment Parameters will significantly impact consumers' coverage and premiums as they are implemented over the next two years, at which point enhanced premium tax credits are again set to expire. In addition, many consumers may be experiencing a Qualified Health Plan (QHP) renewal for the first time both this year and next year as they transition from Medicaid or newly enroll following eligibility changes related to the "family glitch" or Deferred Action Childhood Arrivals (DACA) recipients.

By allowing issuers the flexibility to direct members to the marketplace to view their actual 2024 net premiums instead of providing outdated and misleading information, not only will consumers be encouraged to review their coverage options, but CMS can also avoid having to continuously update notice template language for every policy change impacting net premiums. Flexibility will be especially important for consumers who are being cross walked to a new plan, as the current renewal notice templates do not inform such consumers of their new plan, as detailed below.

**2. Allow issuers to better inform their members about the plan into which the exchange is automatically reenrolling them.**

As drafted, all consumers enrolled in a bronze plan are informed that their exchange may enroll them in a silver, which would change both their premiums and cost-sharing. However,

issuers who incorporate their exchange's 2024 batch auto reenrollment (BAR) information into their renewal and discontinuation notices can inform their bronze members exactly what plan they will be enrolled in for 2024. Just as CMS allows such issuers to communicate accurate net premium information that includes the recalculated 2024 Advance Premium Tax Credit amounts, CMS should also allow them to communicate auto-assigned 2024 plan information rather than suggesting members "may" be reenrolled into another plan.

In addition, because the bronze-to-silver crosswalk has potential to significantly change enrollees' premiums and cost-sharing, all issuers should have flexibility move the paragraph describing the potential crosswalk to the first page of the notice. More prominent placement of this potential plan change information is especially important if issuers are required to include outdated premium estimates for a bronze plan which may not apply in the upcoming year.

### **3. Finalize templates by June 2023.**

Finally, we recommend CMS finalize notice templates in June 2023 to align with the QHP application deadline and ensure they are available in advance of issuer operational timelines for finalizing renewal and discontinuation notice content.

We appreciate your consideration of our comments. If you have any questions or want additional information, please contact Sarah Heard, director, legislative and regulatory policy, at [sarah.heard@bcbsa.com](mailto:sarah.heard@bcbsa.com).

Sincerely,



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