

To: Centers for Medicare & Medicaid Services
Department of Health and Human Services
From: Trudy V. M. Gygi
Regarding: CMS-9929-P

3/7/17

My criteria for evaluating this proposal is whether it would benefit my fellow Americans. Would these changes improve their health, their quality of life, and their ability to be self-sufficient tax contributors? I have come to see that these proposals would not benefit Americans, and in fact, it would harm them.

1. The rule would make it more difficult for people to enroll in health coverage and put at risk people's ability to access providers of their choice. One part of the proposal cuts the marketplace enrollment period in half from three months to 45 days — November 1, 2017 through December 15, 2017 for coverage beginning January 1, 2018.

It has been my experience that the period from early November through mid-December is the busiest time of year for American families. Many faiths have major holidays during that time. How will the government mitigate the focus of Christians, Jews, Muslims and people of other faith traditions on their holidays and traditions? With the proposed change in a schedule, the US Government seems to be asking people to take time away from their faith traditions and events in order to make the experience of the insurance companies easier at the end of the year.

In addition, this period between early November and mid-December is a time when I, and other parents like me, have more family obligations for children and aging parents than any other time of the year. Travel arrangements, family time, meal preparation and the like requires more of my time during this proposed shortened period than any other time of year. How will the US Government provide extra ease of enrollment in the shortened period to balance out the additional time that enrollment in January - when the family obligations are reduced – would allow?

I OPPOSE THE CHANGE IN THE ENROLLMENT PERIOD. Instead, please consider leaving the enrollment period as is, which allows families and people of faith to work across their busy schedules to enroll in the health care that their family requires.

2. The proposal would also lower the minimum coverage requirements for policies to be designated at the gold, silver, bronze and platinum metal levels.

Americans do not need to have less coverage for their money in the designated levels. By changing the Affordable Care Act (ACA) to provide less coverage, it means that enrollees will have to pay more to get care. This is precisely the opposite of what will benefit Americans like me and my children and aging parents.

I OPPOSE THE CHANGE IN THE MINIMUM COVERAGE REQUIREMENTS. Instead of changing the minimum coverage requirements, put the Risk Corridors back in which would help insurers recover their costs. That is what the ACA use to include, and it should do that again.

3. This rule proposes a new pre-enrollment verification of eligibility for all new consumers in all States served by the HealthCare.gov platform. The administrations expects 650,000 people to be

subject to this enhanced screening which the administration estimate will cost more than \$5 million.

This is money that the taxpayers do not need to spend in this way. The new pre-enrollment verification is an extra step, red-tape if you will, that is not needed. Instead, put the Risk Corridors back in which would help insurers recover their costs.

The requirement that consumers would be given 30 days to provide documentation is unrealistic. This should be known to the writers of this proposal. Employers, insurance companies, and providers of health care like Medicare, the VA, and Medicaid do not quickly provide documentation to their former enrollees/employees. When I resigned from a Fortune 100 company, it took me months to get the documentation that I needed for medical events. This is even more difficult if an enrollee is in the middle of a major health concern. I have a heart condition that requires ongoing medicine and more than annual check-ups. A disruption like waiting for documentation from a former employer or insurer could risk my life. This does not even consider the likelihood that the already overburdened verification system would not give me the expected approval in a timely fashion.

I OPPOSE THE CHANGES TO THE SPECIAL ENROLLMENT PERIOD. The current approach to give people up to 90 days to make a payment during which their coverage remains in effect is the better, more effective option.

4. My husband and I are part of the software industry. It is a volatile employment market, and for reasons beyond our control, we have sometimes moved from company to company. It is important that the ACA not “punish” or apply negative consequences to enrollees or future enrollees whose coverage has lapsed. The world, our employers, and financial markets are all too capricious to require coverage maintenance without lapses for enrollees.
5. What I would have like to have seen in this proposal is some elements that encourage healthy people to sign up. It's the healthy people that are needed in ACA order to stabilize the market, and since this proposal aims to “help stabilize the individual and small group markets,” I suggest that additional thought and consideration is included to promote the ACA and health exchanges to healthy people.

In summary, the proposal as written does not seem to be a benefit Americans like me. These changes will not improve their health, their quality of life, and their ability to be self-sufficient tax contributors. Therefore, I ask that it be reviewed and updated as I've suggested in my comments above.

Sincerely,

Trudy V. M. Gygi

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