



The Center for Accountability, Modernization, and Innovation
Washington, DC

March 2, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Attention: CMS-9916-P

Re: RIN 0938-AT98

Dear Administrator Verma:

The Center for Accountability, Modernization, and Innovation (CAMI) is a nonprofit organization that promotes innovative solutions to public policy challenges. The Center is pleased to submit comments on the proposed “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans.”

CAMI supports the Center for Medicare and Medicaid Services’ (CMS) efforts to ensure only consumers eligible for advance payment tax credits (APTC) receive them. However, CAMI opposes the proposal to modify the automatic re-enrollment process for lowest income enrollees and instead urges CMS to continue to improve eligibility determination and verification systems for all APTC recipients.

In responses to the previous HHS Notice of Benefit and Payment Parameters for 2020, commenters suggested that electronic and document-based verification of eligibility information can provide sufficient safeguards against potential eligibility errors. CAMI agrees that an automated process for the consumers that receive APTC can ensure verification of eligibility and limit delays for those consumers.

Exchanges using the federal platform already conduct Medicare periodic data matching (PDM) and Medicaid/CHIP PDM twice a year. The Patient Protection and Affordable Care Act; Exchange Program Integrity final rule (RIN:0938-AT53) now requires all exchanges, including State-Based Exchanges, to conduct Medicare, Medicaid/CHIP, and, if applicable, Basic Health Plan PDM at least twice a calendar year beginning in 2021.

Page Two
Centers for Medicare & Medicaid Services
March 2, 2020

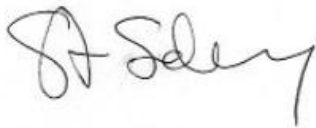
CAMI recommends that CMS continue to integrate automated eligibility verification into both the re-enrollment process and the PDMs for all enrollees who qualify for any amount of APTC. Automating these processes would improve program integrity and help limit risk in connection with automatic re-enrollment into plans with APTC that cover the entire plan premium.

Automated verification, while a powerful tool to lower barriers to enrollment of eligible individuals, is not always perfectly executed in the federal Exchange as a Government Accountability Office (GAO) report¹ showed. The report found problems when the data presented by applicants did not match the electronic data sources. This reconciliation requires properly trained Exchange staff and appropriate business processes to review and verify the paper-based data.

In addition, we recommend allowing eligibility verification of applicants to the Exchanges that qualify for Medicaid. Currently, Obama-era regulations, but not the Affordable Care Act statute, prohibit the Exchanges from completing an eligibility determination for Medicaid. These paper “flat files” are sent to state Medicaid programs that needlessly delay healthcare coverage enrollment for our lowest-income citizens.

We appreciate the opportunity to comment on this proposed rule and urge CMS to improve eligibility verification for APTC where electronic data does not match paper records. However, we oppose the proposed policy of requiring re-application by full premium subsidy enrollees as it would erect unnecessary barriers to healthcare coverage. We also urge the agency to allow final Medicaid determinations in the Exchanges.

Sincerely,



Stan Soloway
Chairman of the Board

¹GAO. “Patient Protection and Affordable Care Act: Observations on 18 Undercover Tests of Enrollment Controls for Health-Care Coverage and Consumer Subsidies Provided under the Act.” Statement of Seto J. Bagdoyan, Director, Forensic Audits and Investigative Service before the Committee on Finance, U.S. Senate. July 16, 2015