



September 16, 2016

Andy Slavitt
Acting Administrator,
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Verification of Special Enrollment Period Pilot Program

Dear Mr. Slavitt:

I am writing on behalf of the National Association of Health Underwriters (NAHU), a professional association representing more than 100,000 licensed health insurance agents, brokers, general agents, consultants and employee benefit specialists nationally. The members of NAHU work on a daily basis to help individuals and employer groups purchase, administer and utilize health insurance coverage, including helping thousands of individuals with special enrollment rights obtain marketplace-based coverage outside of the annual open enrollment period. As such, we are very interested in preserving competition and affordability in the health individual health insurance marketplaces. We also support CMS's efforts to prevent adverse selection and abuse of the special enrollment period process through greater verification of an individual's eligibility for a special enrollment period. NAHU appreciates your recently released "Frequently Asked Questions Regarding Verification of Special Enrollment Periods" document concerning your plan to execute a pilot program to test pre-enrollment eligibility verification during 2017 and your willingness to accept comments from stakeholders about potential pilot design. As requested, we have provided detailed comments below on the four topics of interest outlined in the document.

Targeting of the Pilot Program

It is our opinion that a geographically targeted pilot program would work best. That way, enhanced support for pilot program participants and all involved entities, including issuers and those providing enrollment assistance and support like certified agents and brokers and navigators and other assisters could be easily concentrated and controlled. If a random sample of marketplace applicants was used, then detailed training on processes would need to extend to every single call center operator, issuer, certified assister or agent or broker, and so on and so forth. By isolating those involved on a geographic basis, NAHU imagines that the FFM could design a better pilot program and make sure all those involved understood its parameters much more effectively. CMS could also more accurately gauge how the involved entities improved and grew with the pilot throughout its duration. In terms of geographic areas, NAHU would suggest that several representative FFM sites be selected covering different aspects of the country. You might select a large city, a rural area and a few more densely populated suburban counties in different parts of the country. So for example, to meet such criteria your pilot program sites might be Atlanta, a county in rural Ohio and suburban areas in Texas and Utah.



Focus of the Pilot Program

NAHU does not believe that the pilot program should be limited to any particular qualification for a special enrollment period. Instead we believe the pilot should address and evaluate a pre-enrollment verification process for all six of the special enrollment qualification events for which CMS began requiring greater document verification last spring. That way, CMS and all involved entities, including issuers and those providing enrollment assistance and support like agents and brokers, can fully test pre-enrollment verification and accurately determine if the process works well for each qualifying event on a distinct basis. Subjecting all qualifying events to the pilot program will also allow for analysis of what may need to be changed and improved or required on a macro basis.

Minimizing Consumer Burden and Coverage Disruptions

In order to minimize consumer burdens and disruptions, NAHU believes that great communication from CMS will be essential. This means not only an intense focus on providing easily digestible information to affected consumers via healthcare.gov and in other written communications and publications, but also on providing sufficient information and resources to all involved entities, including issuers and those providing enrollment assistance and support like agents and brokers. In addition, NAHU believes that CMS should have a dedicated source of customer support for the pilot program participants and those other involved entities, so that everyone knows where to go if any type of problem occurs. If everyone is on the same page about expectations, procedures and support services from the get-go, then pre-enrollment certification should be a smoother process for all involved.

While the overall structure of the pilot program is not yet known, an approach that NAHU suggest CMS consider to minimize coverage disruption would be to allow pilot program consumers to enroll in coverage immediately and begin paying premiums, even if they do not have all required documents to submit at the time of initial enrollment. However, if all documents are not immediately available for verification, we would suggest that the consumer be placed in a "pending" status by the FFM and the health plan, similar to the status of current FFM consumers with health premium tax credit eligibility who are in their 31-90 days of their payment grace period. Once documentation is received and verified by the FFM, then the pending status should be lifted and claims incurred be paid retroactively to the date of enrollment. Consumers, their certified agent/broker or other assister and the involved issuer would then be notified immediately about the individual's change of status and the consumer and the certified broker or assister could also be advised about how to address any previously unpaid claims if any issue occurred. NAHU members believe that the use of this process will protect both the issuers and the consumers far better than the current process of retroactive terminations, and we believe issuers would be able to easily implement it.

Measuring the Impact of the Pilot

NAHU believes the most effective way CMS could assess the impact of the pilot program and inform potential policy change for 2018 on forward would be through transparency and data sharing. CMS should collect extensive data over the course of the pilot program duration and release the results of that data collection regularly. NAHU suggests that CMS release data points by month for each month of the pilot program's duration, and then also release a comprehensive report and analysis of the program and its results as soon as possible following the conclusion of the pilot, or at least within 30 days. Some of the data elements NAHU believes it will be important for CMS to track include: (1) the number of individuals who initiate the special enrollment process during the pilot program duration; (2) the number of individuals who complete the pre-enrollment verification process; (3) the point of entry these individuals



utilized to access the marketplace; (4) if the individual utilized any type of certified agent or broker, navigator, assister, call center operator or other form of direct assistance; (5) which forms of directed assistance were utilized; (6) the length of time it took the individual to complete the pre-enrollment certification process; (7) stumbling blocks experienced by the consumer; (8) stumbling blocks experienced by the marketplace; (9) the type of special enrollment period qualification being used by the consumer; (10) the documentation provided by the consumer, so as to assess the most common types used. In addition, NAHU believes that CMS should solicit feedback on the process not only from the consumer, but also from any certified assisters, agent or brokers, navigators, and issuers involved in the enrollment and SEP coverage process in order to accurately assess the ease of the enrollment experience and where any common hang-ups or problems might be in the trial system. Making this data available monthly to the public will help inform all stakeholders about the progress of the pilot and allow for mid-stream course corrections on the part of all parties involved if needed. Furthermore, a transparent report of the data collected and CMS's analysis of the pilot following its conclusion will help inform all stakeholders and other state and federal policymakers about its results so that best practices can be ascertained and the best parts of the pilot can be applied to more comprehensive programs developed in the future.

NAHU sincerely appreciates the opportunity to provide comments on the proposed pilot program and your willingness to involve stakeholders in the program design process. If you have any questions about our comments or need more information, please do not hesitate to contact me at either (202) 595-0787 or jtrautwein@nahu.org.

Sincerely,

A handwritten signature in black ink, which appears to read "Janet Stokes Trautwein". The signature is fluid and cursive.

Janet Stokes Trautwein
Executive Vice President and CEO
National Association of Health Underwriters