

Patient Protection and Affordable Care Act Notice of Benefit and Payment Parameters 2019

Summary of Proposed Rules and Connect for Health Colorado's Comments

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Page 1 of 6

General Title & Regulation	Proposed Rule	C4HCO's Position and Comment
<p>State Options for Flexibility and Innovation (45 CFR §155.106 & 155.200)</p>	<p>HHS is seeking comments on how HHS can best support innovation by States operating SBEs by increasing flexibility, supporting SBE efforts to utilize commercial platform services, and improve financial self-sustainability of SBEs overall.</p>	<p>Support State flexibility.</p> <p>The following items and regulatory changes would allow flexibility to utilize commercial platform services tailored to Connect for Health Colorado's needs and would also relieve regulatory burden:</p> <ul style="list-style-type: none"> • Modify 42 CFR 435 and 45 CFR 155 to allow greater flexibility for state-specific design and operation of eligibility systems. • Allow exchanges to use more tailored commercial platform services to connect to the FDSH; • Simplify regulations around the use of electronic data sources and income checks to allow for more accurate and timely determinations; • Amend the tax code to remove the family glitch; • Under 45 CFR 155.500, add a way to administratively resolve an appeal other than by withdrawal or formal hearing to address unresponsive appellants; • Under 45 CFR 155.500, add the ability for Exchanges to close an aged appeal by deeming it moot; • Allow more state flexibility to amend the reasonable opportunity period process to help

		ensure that vulnerable consumers are given sufficient time to respond to verification requests.
Navigator Program Standards (45 CFR §155.210(c)(2), (e)(7), and (h))	This proposed rule would amend Navigator program standards by removing requirements around types of Navigator entities, and physical presence, among other proposed changes.	Neutral. Connect for Health Colorado has developed a strong enrollment assistance network with a team of trusted, local experts who are available across the state. We contract with 22 community-based organizations who employ around 100 Navigators (called “Health Coverage Guides”). This network ensures that Coloradans in both urban and rural areas have access to free, local assistance with their health coverage application. Our Health Coverage Guides are an integral part of Connect for Health Colorado’s efforts to increase access, affordability, and choice reach and enroll for Coloradans across the state. This network displays a high level of professionalism and provides excellent customer service. We are proud to have them serve as the face of our organization in their communities.
Income inconsistencies (45 CFR §155.320(c)(3)(iii) and (c)(3)(vi)(D))	This proposed rule change would modify the ways that income verifications take place by adding new types of inconsistency triggers. Each of these triggers would result in a “Reasonable Opportunity Period” where the consumer has 90 days to provide further information to resolve an inconsistency in order to remain eligible.	Oppose. This proposed change is highly costly and burdensome for both consumers and Exchanges, and would likely form a needless barrier to enrollment, possibly resulting in coverage gaps. Current income verification processes are adequate to gather the necessary information to ensure that individuals are not receiving more tax credits than they are eligible for. Changing this functionality would require significant investments in IT development, noticing, and increase in operation costs to process an increased number of verifications.

<p>Alternative Verification Process to check for Eligibility for Employer Sponsored Insurance (45 CFR §155.320(d)(4))</p>	<p>This proposed rule change would allow the Exchange to establish an HHS approved alternative process to verify enrollment in and eligibility for employer sponsored plans.</p> <p>The Exchange may also seek HHS approval for an alternative approach for verifying enrollment in or access to employer sponsored insurance in accordance with §§155.315(h) and 155.320(a)(2).</p>	<p>Support.</p> <p>Connect for Health Colorado supports this approach. Whether using an alternative process already established by HHS or seeking HHS approval for our own unique process, we support State flexibility on this issue. Evaluation and implementation of other methods of performing Employer Sponsored Insurance (ESI) verification will allow us to obtain more accurate eligibility determinations.</p>
<p>Eligibility Redetermination During a Benefit Year (45 CFR §155.330)</p>	<p>HHS is not currently proposing changes to this section, however, they are seeking feedback on ways to increase enrollee reporting of individual changes in circumstances within 30 days of the change.</p>	<p>Connect for Health Colorado has spearheaded several activities to encourage and increase individual reporting within the required 30-day timeframe. Among those activities are noticing, prompting customers to report changes upon login, and Service Center outreach for simultaneous enrollment situations.</p>
<p>Annual Eligibility Redetermination (45 CFR §155.335)</p>	<p>HHS is considering amending the length of time, currently a maximum of five years, that an individual can authorize the Exchange to obtain updated tax return information.</p> <p>They are seeking comment as to whether this time period should be shortened to improve program integrity by ensuring the enrollee’s application at time of re-enrollment more accurately reflects preference for data collection, income, etc.</p>	<p>Oppose.</p> <p>Connect for Health Colorado opposes this proposal and instead, seeks State flexibility. Connect for Health Colorado currently utilizes the maximum of 5 years for accessing tax return information, but also requires more frequent attestations of information prior to re-enrollment for consumers seeking financial assistance. Decreasing the number of years for which an individual can authorize the use of their data would cause negative impacts on Exchange operations and increase costs.</p>

		Additionally, Exchanges already use periodic data matches which may reduce the frequency of inaccurate information being used for consumers enrolled in QHPs with financial assistance.
Material Plan or Benefit Display Errors (45 CFR §155.420(d)(12))	HHS is proposing to exclude § 155.420(d)(12), an SEP for material plan or benefit display errors, from paragraph (a)(4)(iii) to allow for the enrollee who experiences a material display error to switch to a different QHP at any metal level.	Support. Connect for Health Colorado supports increased consumer choice. This is a scenario in which a consumer may have been unable to appropriately select a plan as a result of display errors, and so should be allowed their choice of appropriate plan.
Prior Coverage Requirements (45 CFR §155.420(a)(5))	This proposed rule change would exempt qualified individuals from the prior coverage requirement if, for at least 1 of the last 60 days, they lived in a service area where there were no QHPs offered.	Support. Connect for Health Colorado supports flexibility on conditions for coverage, especially where circumstances are outside of consumer control.
Aligning Coverage Effective Dates (45 CFR §155.420(b)(2)(i) & (v))	This proposed rule change would align the coverage effective dates for all SEPs based on gaining or becoming a dependent, other than through marriage. Additionally, individuals who qualify for an SEP due to the gain of/becoming a dependent through birth, adoption, placement for adoption, placement in foster care or through a child support or other court order would be able to choose an effective date, including: <ul style="list-style-type: none"> - Event date - First day of the month following plan selection - 15/16 day rules 	Support. Connect for Health Colorado supports consumer choice. This proposal would provide consumers with more choices as to their effective dates for SEPs.

<p>Aligning Termination Dates (45 CFR §155.430(d)(2)(i) – (iii))</p>	<p>This proposed rule change will align the effective dates for all enrollee-initiated terminations on the date on which the termination is requested by the enrollee or on another prospective date selected by the enrollee.</p>	<p>Oppose.</p> <p>Connect for Health Colorado requests that HHS provide flexibility for individual states to assess the termination dates that best meet the needs of consumers and carriers in each state. In Colorado, retroactive termination dates have been very difficult to process from both Exchange and carrier technology platforms, and result in confusion and conflict on premiums and claims that may have already been paid. Often, these cases result in increased manual work by Exchange and carrier teams, confusion, and increased financial liability for the most vulnerable consumers, and limited access to care as a result.</p>
<p>Termination Dates for Individuals who Gain Medicaid or CHP+ (45 CFR §155.430(d)(2)(iv))</p>	<p>This proposed rule would change the effective termination date of a QHP for an individual who gains Medicaid or CHP+ to be effective on the date requested by the enrollee, or on a future date of their choosing.</p>	<p>Oppose.</p> <p>This proposal may open carriers to liability for claims. Additionally, this would cause confusion and misalignment within the systems shared by Connect for Health Colorado, the State, and also, the overlap with carriers' systems. Connect for Health Colorado believes that allowing States flexibility in determining how they grant and process termination dates is the best solution.</p>