



1015 15th Street, N.W., Suite 950 | Washington, DC 20005
Tel. 202.204.7508 | Fax 202.204.7517 | www.communityplans.net
Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

December 17, 2012

Hannah Moore
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Dear Ms. Moore:

The Association for Community Affiliated Plans (ACAP) thanks you for providing us with an opportunity to recommend elements for testing related to the Federally-facilitated Exchange (FFE) website. Last month, you spoke by phone with ACAP staff about the FFE website and offered us an opportunity to suggest website elements for HHS' consumer testing process. As a result of our discussion, a small group of ACAP members agreed to several recommendations. We appreciate your willingness to consider them.

ACAP is an association of 59 not-for-profit and community-based Safety Net Health Plans (SNHPs) located in 25 states.¹ Our member plans provide coverage to approximately 9 million individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP) and Medicare Special Needs Plans for dually-eligible people. Nationally, ACAP plans serve roughly one-third of all Medicaid managed care enrollees. Many Safety Net Health Plans currently are developing plans to serve those individuals that will gain new coverage due to insurance expansions enacted by the Affordable Care Act. Many of our members intend to build qualified health plans that will participate in the FFE operating in their states.

These are policy recommendations, and do not include technical approaches.

Background

Individual members of families will be eligible for different programs. In many cases, parents eligible for premium tax credits and/or cost-sharing reductions in the Exchanges will have children who are eligible for Medicaid and CHIP. An Urban Institute report found that 16.2 million Medicaid- or CHIP-eligible children will have parents with income in the Exchange-eligibility range, and 75 percent of Exchange-eligible parents will have one or more children who are eligible for CHIP or Medicaid and must enroll in these programs.² In addition, individuals with incomes close to the eligibility threshold between Medicaid and the Exchanges are likely to experience what is commonly referred to as "churn," or changes in eligibility. A 2011 *Health Affairs* report by Sara Rosenbaum & Ben Sommers stated that within six months, 40 percent of Medicaid enrollees and 30 percent of adults on the Exchange will experience a disruption in eligibility.³

¹ ACAP represents Safety Net Health Plans that are nonprofit or owned by a nonprofit entity; hold a Medicaid contract; are local and community-affiliated; and have at least 51 percent of covered populations in Medicaid, Medicare, CHIP, the Basic Health Program or another public coverage program, or in receipt of premium tax credits for coverage in a qualified health program in the Exchange.

² McMorro, Kenney, Coyer. "Addressing Coverage Challenges for Children Under the Affordable Care Act." Urban Institute. May 2011. (Available: <http://www.urban.org/UploadedPDF/412341-Affordable-Care-Act.pdf>).

³ Rosenbaum & Sommers, "Issues in Health Reform: How Changes May Move Millions Between Medicaid and Insurance Exchanges." *Health Affairs*, February 2011.



These two important issues suggest a strong need for consumer education, as well as efforts to promote continuity of coverage and cohesiveness in coverage for families. We believe that the following recommendations will help achieve these goals, and are eager to learn whether they test as doing so.

1. **General Consumer Education.** Many low-income Exchange enrollees may be new to insurance coverage and may lack a basic understanding of how coverage in the Exchange will work. Many others may have been covered by Medicaid or CHIP in the past, or may have family members covered in those programs currently. We feel it is important to provide access for these individuals in particular to basic information about Exchange coverage on the FFE website. While CCHIO may have many additional educational items to include on the website, ACAP requests that the following items be tested.

- Include statement with click-on button: “Click **HERE** for information that you need to know about your coverage.” When the button is clicked, the following questions could pop up, with attached brief explanations.

- *Why it is important to know about both QHPs & Medicaid health plans.*

- Explanation: Some families may have individual members who are eligible for different programs, including Medicaid, CHIP and the Exchange. These families may wish to seek a QHP issuer that also operates a Medicaid or CHIP health plan so that the entire family may have coverage through the same issuer.

In addition, some individuals may find that their eligibility for coverage changes occasionally during the year because of changes in income and other circumstances. This phenomenon is commonly called “churn.” In this case, an individual may wish to enroll with a QHP issuer that also operates a Medicaid health plan so that she or he does not need to switch issuers during the year.

- *How families covered in different programs (including Medicaid, CHIP and the Exchange) can be covered by the same QHP issuer.*

- Explanation: Some families may have individual members who are eligible for different programs, including Medicaid, CHIP and the Exchange. These families may wish to enroll with a QHP issuer that also operates a Medicaid or CHIP health plan so that the entire family may have coverage in the same health issuer.

- *The importance of Silver-Level Plans, including for people who are eligible for cost-sharing reductions.*

- Explanation: Individuals who are eligible for cost-sharing reductions will only receive this sort of financial assistance if they enroll in Silver-level plans.

Silver-level plans will cover approximately 70 percent of the cost of all



covered health care services. Premiums for Silver-level plans may be higher than Bronze plans, which cover 60 percent of the cost of covered health care services.

○ *Why it is important to understand your provider network selection.*

- Explanation: Your QHP issuer may ask you to choose to receive your health care from a particular provider or provider network, which may include your primary care provider, clinics, and one or more hospital systems. In most cases, your selection of a specific provider or provider network will allow you to access health care services at a slightly lower out-of-pocket cost than if you go to providers that are not in your selected network.

○ *Definition of Terms.*

- Include at least the following terms:
 - a. Qualified Health Plan
 - b. QHP Issuer
 - c. Provider network

2. **Special Label for QHP Issuers with Medicaid health plans.** We recommend that CCIIO test the utility of a special tag or label for QHP issuers that also operate Medicaid health plans. We suggest this based on the assumption that the plan choices offered for each enrollee or enrollee family will correspond to that individual's geographic location (i.e., an individual in Houston will receive a list of QHPs in Houston, or a list providing coverage in that person's zip code area, etc.).

- Footnote or asterisk each QHP issuer that also operates a Medicaid health plan. Allow the footnote to read "This QHP issuer also operates a Medicaid health plan."

3. **Option for Enrollee and Enroll Family to Select QHP based on Selected Provider.** We understand that the FFE may not allow enrollees to search QHPs based on provider in 2014, but recommend that this be a goal for the FFE in subsequent years. As this option becomes a reality for enrollees, we suggest that CCIIO consider the following, possibly in connection with information about the enrollee related to income or split family eligibility:

- You selected the following provider: X. Please note that this provider also participates in the networks for the following Medicaid health plans [with list of plans].

4. **Special Questions for Enrollees and Enrollee Families.** We suggest that the FFE website include the following three questions on the plan selection page. The questions could lead enrollees and enrollee families to information about QHP issuers that operate Medicaid health plans. In addition, data gathered from the responses to these questions could provide information to CCIIO and QHPs about enrollees' previous insurance status, which could prove useful for assigning health assessments and for calculating risk adjustment scores. We recommend that if these questions are employed, the FFE share responses with QHPs.

- Are you or a family member currently covered by Medicaid or CHIP? If so, you may wish to select a Qualified Health Plan issuer that allows your entire family to be covered together. Click **HERE** to see a list of Qualified Health Plan issuers that also operate Medicaid or CHIP plans.
- Have you or a family member been covered by Medicaid or CHIP in the past year? If so, you may wish to select a Qualified Health Plan issuer that also operates a Medicaid or CHIP health plan. If so click **HERE**.
- Are you interested in learning about issuers that operate in both the Exchange and



Medicaid/CHIP? If so click **HERE**.

5. **Quality Reporting.** We understand that the FFE website will publicly report quality measures for QHPs starting in its third year. ACAP agrees with this approach. In brief, ACAP recommends that CCIIO:

- Exclude quality reporting for new QHPs on the FFE website until year three of plans' participation.
- Avoid public reporting of HEDIS scores on the FFE website for QHPs that are not specifically related to serving Exchange enrollees.
- If information on accreditation status is to be shared, tag new QHPs that are in the process of gaining accreditation according to the schedule laid out in section 155.1045 as "Scheduled" rather than leaving this field blank.

ACAP will provide further comment to CCIIO related to this issue in response to the *Request for Information Regarding Health Care Quality for Exchanges* published November 27, 2012.

Conclusion

Again, ACAP would like to thank you and your colleagues for your willingness to discuss these issues with us. If you have any additional questions or comments, please do not hesitate to contact Jennifer Babcock (202-204-7518 or jbabcock@communityplans.net).

Sincerely,

Margaret A. Murray
Chief Executive Officer