February 19, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Room 445-G, Huber Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 (CMS-9926-P)

Dear Administrator Verma:

AARP appreciates the opportunity to comment on CMS’ “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 Proposed Rule.” AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Please see below for our comments on specific provisions and inquiries of the Notice.

Navigator Program Standards (§§155.210 and 155.215)

AARP is concerned with HHS’ proposed changes to Navigator program standards. The proposal revises Navigator training requirements so that they are not required to include certain optional Navigator activities described in §155.210(e)(9). Those activities are providing assistance with eligibility appeals and minimum essential coverage (MEC) requirements; reconciling tax credits; understanding basic concepts and rights related to health coverage; and providing referrals to tax advisers, preparers or tax advice.

Reducing access to information provided by Navigators undermines the goal of a consumer friendly individual Marketplace. Individuals purchasing health insurance on their own have much less access to (and generally do not work with) agents and
brokers than purchasers in the small group market for insurance and therefore less access to the benefits for which they may be entitled under the Affordable Care Act (ACA). Likewise, agents and brokers do not generally seek out individuals who are purchasing coverage on their own.

Clear, consumer friendly information is essential to individuals seeking coverage, especially those age 50-64. Approximately 6 million older Americans purchase coverage through individual market exchanges with half receiving advanced premium tax credits (subsidies for coverage). We were strongly supportive of HHS’ detailed Navigator standards in our May 23, 2013 letter on Proposed Rule on Standards for Navigators and Non-Navigator Assistance Personnel. Instead of removing requirements to Navigator program standards, we once again urge HHS to provide for more consumer safeguards including, at least, standardized training modules for agents and brokers as potential facilitators of enrollment and in their potential roles in helping individuals apply for premium and cost sharing assistance. Essential elements of such training should include proper handling of personally sensitive information including information on personal income.

**New Special Enrollment Period (SEP) (§155.605)**

AARP applauds the proposed new SEP for individuals enrolled in non-Exchange plans in the individual market to enroll in an Exchange plan if they experience a decrease in household income and receive a new determination of eligibility for a premium tax credit by an Exchange.

Increasing access to quality, affordable coverage is a principle that guides our advocacy for those ages 50-64. SEPs are important because they provide consumers with protection from gaps in coverage allowing them to enroll when they experience major life changes that are outside of open enrollment periods. The importance of accessible and usable SEPs has only grown with the shortening of the annual open enrollment periods.

**Automatic Reenrollment**

We appreciate HHS requesting stakeholder feedback on how to improve and strengthen both reenrollment and Exchange eligibility and coverage determinations. Automatic reenrollment for individuals enrolled in a qualified health plan (QHP) is a critical means to maintaining quality coverage. In general, we urge that Exchanges maintain an application-and-enrollment system and infrastructure that provides consumers with a single point of access to coverage choices, helps them navigate their options, offers a simple application-and-enrollment process, and ensures they are not stigmatized. There are many legitimate reasons why an individual may not be able to review a change in enrollment or take the time to review their options, including satisfaction with their current coverage. Penalizing those who have consistently paid their premiums by disenrolling them from coverage because they did not take action during open enrollment is unfair to the individual and damaging to the overall individual market risk.
pool. We urge HHS to look at alternative means to address their concerns over potential eligibility and coverage determination errors that do not penalize enrollees in good standing.

AARP appreciates the opportunity to comment on these important issues. If you have any questions, please feel free to contact me or have your staff contact Brendan Rose of our Government Affairs staff at brose@aarp.org or 202-434-3922.

Sincerely,

David Certner
Legislative Counsel and Legislative Policy Director
Government Affairs