



February 28, 2013

Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid, and Children’s Health Insurance Program Agencies

CMS-10440

Comments on Appendix A: Questions in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children’s Health Insurance Program

To Whom It May Concern:

Thank you for the opportunity to submit comments on the proposed provisions related to the single, streamlined application for health insurance. The National Health Care for the Homeless (HCH) Council is a membership organization comprised of health care professionals, agencies that serve people experiencing homelessness, and their patients, many as part of federally qualified health centers (FQHCs). Last year, health centers saw over 1 million patients identified as homeless; while 90% of HCH patients had income under 100% of the FPL, 62% were uninsured and only 28% were enrolled in Medicaid/CHIP. The expansion of Medicaid in 2014 is of major importance to this constituency because most people without homes do not qualify for Medicaid under current law. Because our clients experience homelessness, many have frequently changing, temporary addresses and phone numbers, and inconsistent access to email. Many of our clients will have assistance from staff, such as a case manager, certified application counselor, or other navigator-like entity; hence, the comments included here reflect our interest in streamlining enrollment for both our clients and those staff members assisting them.

The 15 organizations signing onto this letter endorse the aim of these comments and represent other national advocacy and service groups focused on homelessness and issues affecting very low-income individuals, families and children. Together, we seek to end homelessness through access to health care, affordable housing, adequate income and benefit levels, quality education, and sufficient support services that allow for independent living.

Our comments on the proposed rules regarding the single, streamlined application generally cover the following six areas of concern:

1. Continued reliance on mailing addresses, phone numbers and other stable contact information
2. Unclear role of service providers as authorized representatives
3. Definitions of “household” and “live together,” which are hard for our population to delineate
4. Unclear and overly broad questions related to disability
5. Time-limited renewal policies
6. Disparities created between publicly and privately insured applicants by separating eligibility from enrollment in a health plan.

COMMENTS

I. My Account

Issue: First question asks for full name.

Recommendation: Given that this information will be used to pre-populate later fields, clarify that this name should be the same one on their Social Security Card (consistent with VII/Personal Information, #3 and #4).

Issue: Second question asks for a street address, and the option for indicating no home address occurs five questions later.

Recommendation: Combine e, f and k so they are next to one another. Clarify what this street address will be used for, how often mail will be sent there, and recommend some alternatives to consider in circumstances where there is no stable address (e.g., a pop-up box if applicant checks “no” to “no home address?”), such as a post office box, the address of a service provider, or the home of a trusted friend or relative *where mail can be reliably received and retrieved*.

Issue: Phone number is not indicated as optional.

Recommendation: Our clients do not have reliable, stable phone numbers. Are these required? If not, form should indicate they are optional. If so, form should indicate that alternative points of contact should be possible. While this is an option later, moving to an earlier point in the application will help establish better trust in this application process for individuals without stable phone numbers.

Issue: Email address request is singular

Recommendation: Similar to above, indicate that alternative email addresses to other, trusted people can be entered (a relative, case worker, parole/probation officer, etc.)

III. Getting Started

- A. Contact information
- B. Contact home address
- C. Contact mailing address

D. Contact phone

Issue: These fields are pre-populated from the first set of questions. If no home address is available, the prompt will then ask for a mailing address. Our clients and staff need to know what the mailing address will be used for so they can enter the next best alternative that will accommodate the enrollment/health insurance process when there is no stable address/contact information. The current sequencing is a classic Catch-22 and only perpetuates the current barriers in the enrollment process. Similar to questions above, is a phone number optional, or required?

Recommendation: If you need to know a place where a Medicaid card and other paperwork can be mailed in the next 60 days, we need to know that. Shelter stays, temporarily doubling up with friends, and other mailing addresses can be exceedingly temporary and end without notice. Knowing what mail is coming, when it is likely to come, and how often mail will come is critical to ensuring continuity of enrollment and service engagement.

E. Contact preferences

Issue: The application asks for contact information related to text message, email and/or in the mail. The application indicates these options will be used to let the applicant know if there is a message to read on their account.

Recommendation: Add as many boxes as possible given that the client may have multiple people and/or places they want information related to their health insurance to go. Our clients are unlikely to be checking their account, and this function will nearly always occur through a case manager or other assister.

F. Authorized representative

Issue: The application says the applicant can give permission to a trusted friend or partner who can then act on their behalf, but then asks for legal proof there's a reason why this person is helping, which is confusing.

Concern: Our staff are likely to be completing this application together with the client and our staff are likely the points of contact, but there is often no legal relationship. We are concerned that the "legal proof" language creates a chilling factor for seeking help with the application, and will deter service providers from assisting clients and putting alternative contact information in a manner that ensures a response. If this provision is an attempt to capture information about legal guardianship or similar authority to act for an applicant, this should be accomplished through a different set of questions. Also, the question asks whether the person assisting is part of an organization and then asks for an "organization ID," but it is not clear whether this is a tax ID number or why this is needed. We recognize that staff turnover in service agencies will mean that a specific individual may at some future time no longer be positioned to serve as an authorized representative, and a role for *agencies* is likely more appropriate.

Recommendation: Add service provider to this list, expressly encourage those who need help to seek it and/or to list their service provider as an alternative contact, remove the request for legal proof, more clearly indicate how authorized representative is different from assister staff, and provide a role for agencies to serve as authorized representatives in an ongoing manner.

V. Tell us how many people are applying for health insurance

Issue: Asks for formal name.

Recommendation: Indicate this should be the name SSA has.

VI. Family and household

5. *Does [household contact] live with this spouse?*
10. *Does [applicant dependent] live with [tax filer] and/or [spouse]?*
12. *Does [claiming tax filer] live with this spouse?*
18. *Does [applicant] live with their parent or stepparent?*
20. *Does [applicant] live with brothers or sisters?*
22. *Does [applicant] live with their son, daughter....?*
24. *Does [selected name] live with a spouse?*
26. *Does [next applicant] live with [household contact]?*

Issue: The note to reviewers indicates that much of this is based on a tax filer household, and a number of questions ask about living arrangements, which the general public usually defines as those living together in a physical structure like a house with an address. Because our clients are homeless, the concept of “household” has less utility than that for the general public and becomes more difficult to define. Our clients will move between streets, shelters, “couch-surfing,” and other accommodations fairly often, and the rules or realities of those arrangements often dictate who can join them there (e.g., shelters that do not accommodate children or spouses, encampments that can accommodate only some members of the family, etc.). Hence, our clients may stay together with spouses and/or children part of the year and at other times are separated for days, weeks or months. Often, there is no advance notice to changes in “household” makeup for these arrangements.

Recommendation: Since few, if any, of our clients file taxes or “live together” in a traditional sense, suggest adding a definition of what constitutes a household. Note that married couples and families are often split apart in a shelter system and do not “live” together in a traditional sense and/or are shifted around numerous times in a year in various settings and family permutations, yet should not have their marital status or household status changed to “single” due to limitations in service structures that are beyond their control. Suggest explicitly defining the term “live with” so that it is understood clearly or use an alternative term like “stay with,” especially if the applicant has checked “no home address” in the initial screening questions.

VII. Personal information

A. Personal information

1. Sex

Issue: Only two options are available.

Recommendations: Add an option for transgender individuals. Use the term “gender” rather than “sex.”

2. Social security numbers

Issue: It is not clear that SSNs are optional for those not applying for assistance.

Recommendation: Make it very clear, in bold/italics/capitalized letters that SSNs are not required for non-applicants. Also indicate that seeking assistance with health insurance does not jeopardize any application for residency/citizenship.

VIII. Other addresses

1. *Do any of the people below live at an address other than [household contact address]?*
2. *Where does [FNLNS] live?*
3. *Is [FNLNS] living outside [state of exchange] temporarily?*
4. *Where will [FNLNS] be living in [state of exchange]?*

Issue: While states may have developed definitions of “temporary absence” for Medicaid residency, our clients frequently move between shelters, street, doubled up, encampments, and other living arrangements that are tenuous and not usually marked by strong attention to geographic boundaries, especially in areas that are in close proximity to state borders.

Recommendation: Similar to above, recommend giving flexibility to these questions if the applicant checked “no home address” in the initial screening questions.

IX. Special circumstances

1. *Do any of the people below have a disability?*
2. *Do any of the people below need help with activities of daily living through personal assistance services, a nursing home, or other medical facility?*

Issue: It is unclear whether the question is asking if the applicant has a disability that is already federally recognized (or recognized by a state agency), or if they already have a disability claim in process, or if they want to initiate one. How will the answer to this question impact SSI/SSDI claims already in progress? Is it also unclear what constitutes a disability given that many of our clients suffer from disabling addictions and/or mental health conditions and/or developmental disabilities. The questions imply that only physical disabilities are included in the consideration. Many of our clients cycle in and out of residential drug treatment facilities, psychiatric facilities and other institutions. Also unclear is whether the application assister/navigator is responsible for any follow-up or referral. Finally, if an applicant indicates they do not have a diagnosed disability at this time, but in the future should pursue a disability claim, will their answer on this application be used as evidence in that claim?

Recommendation: This question should be a series of questions, starting with “Have you applied for federal disability assistance?” and “Has a doctor told you that you have a disability?” Explicitly name mental illness, substance use disorders and developmental disabilities as conditions that could constitute disabilities and/or limit an applicant’s ADLs. Ensure a wide range of treatment venues are included in the list of services that could benefit individuals with disabilities.

10. *In what state was [applicant name] in the foster care system?*

Issue: Many of our clients have been in the foster care system, but in multiple venues and/or states.

Recommendation: Allow for multiple states to be listed.

XI. Current/monthly income

Note to reviewers: Some additional authentication “challenge” questions may be asked as a part of the Income step; however, we aren’t providing these questions to protect the integrity and security of our systems.

Issue: Many of our clients do not have income and the IRS is unlikely to reflect earnings, possibly for many years. We are concerned that “challenge” questions will demand accountability for a lack of income or view lack of income with suspicion; questions that ask for detailed or historical information may be outside our client’s ability to recall. We are concerned the “challenge” questions will jeopardize eligibility for a group that should clearly be eligible. Because the questions are not provided for reasons of security, it is difficult for us to know what variables will be considered suspicious and thus worthy of being challenged.

Recommendation: Do not consider a lack of income—even for long periods of time—suspicious and worthy of being challenged.

XVIII. Special enrollment periods

3. *Did [FNLNS] lose health insurance because of not paying premiums?*

Issue: Meeting basic daily needs is likely to be an applicant’s priority before paying health insurance premiums. Loss of employment or housing, divorce, domestic violence, disaster and other factors can all lead to a period of non-compliance with paying bills in a timely manner. We are concerned that answering “yes” to this question will lead to an applicant being denied eligibility.

Recommendation: Remove this question given it is not relevant to current eligibility standards. Clarify how this information will be used and whether it will result in being denied eligibility.

XX. Review and sign

B. *Sign and submit*

3. *No one applying for health insurance on this application is incarcerated (in prison or jail).*

Issue: The ACA states that qualified individuals for purchasing insurance on the Exchange do not include incarcerated individuals, but it clearly makes an exception for those incarcerated (i.e., in jail) “pending the disposition of charges.”¹

¹ ACA, Title 1, Subtitle D, Part 2, Section 1312(f)(1)(B): “(B) INCARCERATED INDIVIDUALS EXCLUDED.—An individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, other than incarceration pending the disposition of charges.”

Recommendation: Clarify in the screening question so that those seeking to purchase private insurance plans on the Exchange are not prohibited from doing so if they are incarcerated pending the disposition of charges.

4. *During the renewal process, the Marketplace will use income data including information from the tax returns of household members. This will determine yearly eligibility for help paying for health insurance for the next 5 years. The Marketplace will send me a notice and let me make changes. If I don't respond, the Marketplace will continue my eligibility at the level indicated by the data. I understand this renewal process will occur each year for the next 5 years..."*

Issue: A traditional barrier to insurance continuity for people who are homeless has been at the point of renewal. The improved process for renewals that does not require action from the applicant is a significant improvement that will result in less churning. At the same time, we are unclear why this improvement would expire after 5 years if all available data indicate ongoing eligibility. We foresee a renewed risk of churning, especially if mailing addresses and other contact information is very closely tied to the individual applicant, who may not be receiving any of those messages.

Recommendation: Use bold/italics/capitalized letters to emphasize that renewal requires no action. Remove the 5 year limit and if this is not possible, build in some contingency plan for communicating with a wider range of people (including providers used by the enrollee) that the applicant's insurance eligibility is about to be terminated.

C. *Required documents*

5. *Would you like to register to vote?*

Issue: Individuals who are homeless are often disenfranchised from the democratic process. We are very pleased to see an opportunity for voter registration included in this process.

XXI. Plan enrollment (for APTC or QHP eligible applicants)

Issue: We are **very concerned** about the disparity being established between those eligible for private insurance and those who are Medicaid-eligible. Our long experience has demonstrated that those living in poverty are more likely to lack mailing addresses and other stable contact information, and be auto-enrolled in a plan/provider that is not near where they stay or cannot meet their complex health care needs. We also feel that discriminating between private insurance and public insurance in plan enrollment contradicts the central goal of a single, streamlined application. It is at this point in the enrollment process that we'll see a significant problem with gaps in service, problems changing providers, and other logistical issues associated with fragmenting the eligibility-enrollment process.

Recommendation: We strongly recommend including Medicaid plans for enrollment in parity with private plans.

CONCLUSION

The ACA holds the promise of vastly increased access to the comprehensive health care services so desperately needed by impoverished people without homes. While we have emphasized six primary

areas of concern in this letter, we are most concerned about the **disruption to enrollment made only for publicly insured applicants** that prevents them selecting a health care provider and enrolling in a plan. This disparity will create gaps in care and administrative difficulties for the providers who serve them, and continue inefficiencies we had hoped the Affordable Care Act would have corrected. Because this provision is available for those enrolling in private plans, we anticipate this is a change that can be resolved.

Thank you for the opportunity to offer these comments. We look forward to working with CMS to implement the Affordable Care Act in a way that works for people experiencing homelessness. Please do not hesitate to contact me regarding these comments or how the HCH Community can successfully enroll eligible people into health care coverage.

Sincerely,



John Lozier, MSSW
Executive Director

ENDORISING ORGANIZATIONS

1. Care for the Homeless
2. Central City Concern
3. Colorado Coalition for the Homeless
4. CSH—The Source for Housing Solutions
5. First Focus Campaign for Children
6. Health Care for the Homeless Houston
7. Health Care for the Homeless of Maryland
8. Heartland Alliance for Human Needs & Human Rights
9. National Alliance to End Homelessness
10. National Center for Housing and Child Welfare
11. National Law Center on Homelessness and Poverty
12. Seattle-King County Health Care for the Homeless Network
13. United Neighborhood Health Services
14. Wasatch Homeless Health Care, Inc.
15. Western Regional Advocacy Project