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June 4, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Washington, DC 20201

RE: Comments on Health Care Reform Insurance Web Portal Requirements, 45 CFR Part 159; DHHS-9997-IFC

Dear Secretary Sebelius:

We appreciate the opportunity to comment on the interim final rule released May 10, 2010, regarding the health care reform insurance web portal requirements included in the Patient Protection and Affordable Care Act (Section 11003(a), as amended by section 10102(b)).

Georgetown University's Center for Children and Families (Georgetown CCF) is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. Central to our work is providing research and policy assistance to state-based organizations working to enroll uninsured children and their families into Medicaid and CHIP. Among other activities, Georgetown CCF serves as the national resource and technical assistance arm for the Finish Line project, a multi-year intensive initiative by the David and Lucile Packard Foundation to support the efforts of children's health policy organizations in nine states to cover all children. In addition, Georgetown CCF is the national policy and technical assistance center for the Robert Wood Johnson's National Covering Kids and Families Network. We submit these comments within this perspective.

Utilization of Web Portal for Covering Uninsured Children

Georgetown CCF supports the development of the health care insurance web portal, as described in the interim final rule, to enable individuals and families to more easily find state-level information on health coverage options available to them. We are particularly pleased that in addition to private insurance, the web portal will include state-level information on Medicaid and CHIP.

With health reform "in the news," many families are seeking information about what the legislation means for them. Particularly, with 5 million children eligible for but not enrolled in Medicaid and CHIP, this creates a unique opportunity to raise awareness among eligible families that their children could secure no- to low-cost coverage now. This is especially

pertinent for lower- to middle-income families who may find coverage on the individual market unattainable due to cost and market restrictions, leaving Medicaid or CHIP as their only option prior to health reform implementation.

The Secretary's "Connecting Kids to Coverage" campaign challenging states to enroll all eligible children into Medicaid and CHIP has been instrumental in this effort; the web portal could serve as an important tool in that arsenal. To assist in these efforts we ask that you consider the following changes/additions to the final interim rules:

- **Integrate Medicaid and CHIP within the information presented on private insurance.** We were happy to note your intentions to provide comprehensive state-level consumer information on Medicaid and CHIP. We encourage you to carefully consider the presentation of that information, particularly ensuring that the public programs are given as much, or more, weight as the private insurance programs. As noted, Medicaid and CHIP may be the only option for many families seeking information through the web portal. These families should be directed to the programs, and not be required to first wade through information on the private insurance plans, which could be quite discouraging. Optimally, a search for coverage would elicit a directory of possible insurance products with Medicaid and CHIP listed first as a no- to low-cost option for children, and in some states, parents. In addition, the home page of the web portal should publicize the availability of Medicaid and CHIP, and its benefits, to immediately point eligible families to their state's public programs.
- **Provide users with a state-level Medicaid and CHIP income calculator.** We understand that the differences in Medicaid and CHIP eligibility calculations that exist across states make it difficult to provide families with precise eligibility calculations. However, families need a general reference point when considering whether their income meets Medicaid and CHIP rules. It is almost impossible for a family to comprehend their potential eligibility when this information is presented within the context of the Federal Poverty Level (FPL). At a minimum, we hope you will consider listing the income rules based upon dollar amounts adjust annually, not FPL. However, we believe that a basic state-based calculator that asks families for their income and family size could be utilized to provide families with a ballpark estimate of whether they should consider pursuing the option of Medicaid and CHIP. Those at the lowest incomes levels, or with income at the margins, would be told that their child (and in some states, the parents) is potentially eligible for the public programs. They would be provided with state-level information on Medicaid and CHIP, but told that they need to contact the state for a definitive determination. They would also be told about the private insurance and high-risk pool options available and directed to that information. We also encourage you to utilize this framework when listing all Medicaid and CHIP information. State experience has shown that translating eligibility information into terms that families can understand will be critical to ensuring that the web portal is truly effective.

- **Require that states provide information on state- or locally-funded coverage programs.** Some states have state- or locally-funded health coverage programs for those not eligible for Medicaid and CHIP. Since the web portal intends to utilize information already provided to the Centers for Medicare and Medicaid Services, and not seek additional information from the states, families may lose out on the availability of these products for families. We encourage you to consider requiring states to collect (if they do not do so already) and submit this information for posting on the web portal, or alternatively, to list the information on the state web site that families will be directed to.
- **Require that private insurers submit information on health insurance child-only products and financial assistance programs, even if they do not meet the enrollment standard.** The availability of private child-only insurance products vary by locality, but where they do exist, they can be important options for moderate-income families not eligible for Medicaid and CHIP, but who still find family coverage on the individual market cost prohibitive. Child-only plans, which are relatively low cost, may not have large enrollment but can be a critical avenue for these families. In addition, some health insurers offer financial assistance to lower- to moderate-income families who are not eligible for Medicaid and CHIP. For example, Kaiser Permanente offers a Dues Subsidy Program offering transitional help for those who are in financial need. Some health insurers also have low-cost programs for children. Providing as much information as possible on low-cost options available to families could be an important role for the web portal.
- **Provide a way for users to ask questions and submit feedback.** Users to the web portal may have questions when visiting the site. Providing users with the ability to ask questions or seek additional information will be critical to ensuring that they do not become frustrated with their experience on the site. You may want to also consider requiring that each state Medicaid/CHIP program provide an active and responsive email address (directly on the web portal, not one that families have to search for on the linked state program site) for questions. We also ask that you establish capability on the portal for users to submit feedback, whether through surveys or other type of mechanisms. This feedback would help to ensure that the information presented is meaningful and accessible to consumers – and would provide valuable intelligence for the future Exchange web enrollment websites.
- **Make the web portal data public.** In order to ascertain the web portal's success, and to better understand how families are using the site, we encourage you to make user statistics available for public consumption. The statistics would include how many users followed a link to a state Medicaid and CHIP web site to ascertain the efficacy of the site in directing families to these programs.

We appreciate your consideration of our comments. Please note that these specific comments relate to the development of the web portal prior to health care reform

implementation. However, since the web portal will serve as a model for the Exchange web enrollment websites, we encourage you to consider ways early in the process to broaden the scope of the web portal beyond its initial charge. Particularly, we encourage your utilization of technology to make the web portal more dynamic for families. A web portal that allows families to easily and effectively comparison shop for coverage within their geographic area and to ultimately enroll into that coverage should be a primary goal moving forward.

Please contact us if you have any additional questions.

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