



June 18, 2012

Office of Management and Budget  
Office of Information and Regulatory Affairs

Attention: CMS Desk Officer

Via email to: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)

Thank you for the opportunity to comment on the Centers for Medicare and Medicaid Services' information collection request titled Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges. Georgetown University's Center for Children and Families (CCF) is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. Our comments are intended to help enhance the quality, utility, and clarity of the information to be collected under the CMS proposal.

First, we strongly support the collection of documentation of states' plans for state-based and partnership exchanges. Establishing a deadline and requiring the reporting of the key elements of state and partnership exchanges will allow all stakeholders, not only those within government, to evaluate states' plans and provide useful feedback to exchange planners at the state and federal level.

We recommend that additional elements be added to the Declaration letter in order to improve clarity around states' plans for determining eligibility for Medicaid and CHIP. CMS has provided exchanges with two options: exchanges may conduct eligibility determinations for these programs or they may conduct initial assessments and forward information to state Medicaid and CHIP agencies for final determinations. Each state should be required to indicate in its Declaration letter its choice among these options. Further, states should be required to provide additional detail on eligibility determinations. They should indicate in the Blueprint or in an attached memorandum of understanding:

- Any eligibility rules that the state will use that differ from those employed by the FFE
- Any differences in verification procedures between the FFE and the state's Medicaid agency)
- Any differences in data sources used to verify eligibility
- Documentation of the state's capacity to verify Medicaid and CHIP eligibility in accordance with the requirements of the ACA and the final Medicaid rule (e.g., maximum use of electronic verification of data)
- Plans for conducting redeterminations of eligibility.

Our strongest comment is in regard to public availability of the information in the Blueprints. The utility of the exchange Blueprint will only be maximized if CMS ensures that each Blueprint as well as supporting documentation (with the exception of test files) be made publicly available. Exchange development will only be transparent if stakeholders have access to states' plans. Releasing only a

portion of the Blueprints' content, as anticipated in the proposal, will limit stakeholders' ability to understand all of a state's exchange plans and curtail their opportunity to provide informed feedback to both state and federal officials. Just as state plans for Medicaid and the Children's Health Insurance Program are made available to the public, so too should exchange Blueprints be available.

In addition, we believe HHS should develop and make publicly available an exchange Blueprint or similar document for the FFE for each state in which it will operate, whether or not states perform partnership activities. It appears that many states may have an FFE, at least initially, and it is critical to ensure the FFE is as transparent in its operation and policy decisions as state-operated exchanges must be. The federal government thus should make available a Blueprint or similar document that details all of the functions of a full FFE and the federal functions of a partnership FFE.

Thank you for considering our comments on this information collection. If we can provide further information or clarification, please contact Joe Tuschner at [jdt38@georgetown.edu](mailto:jdt38@georgetown.edu).

Sincerely,

Georgetown University Center for Children and Families