



May 22, 2015

Kevin Counihan
Marketplace Chief Executive Officer,
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Mr. Counihan,

I am writing on behalf of the National Association of Health Underwriters (NAHU), a professional association representing more than 100,000 licensed health insurance agents, brokers, consultants and employee benefit specialists nationally. Our members service the health insurance policies of millions of Americans and work on a daily basis to help individuals and employers purchase, administer and utilize health insurance coverage that best fits their needs and budgets and service this coverage on a year-round basis.

Since the passage of the Affordable Care Act (ACA), health insurance agents and brokers have taken an active interest in the development of the new health insurance marketplaces as a means to provide coverage options to both their individual and small-business clients. In order to provide this service, agents and brokers rely heavily on the functionality of healthcare.gov. NAHU recognizes that CMS has devoted significant resources over the past year to update healthcare.gov; however, we remain concerned that millions of Americans need additional direct assistance to ensure that they will be able to obtain marketplace-based coverage in the years ahead. It is imperative that more people come into the coverage system, and NAHU wants to ensure that you are using all available means to both encourage and support exchange coverage enrollment.

As you know, NAHU has continuously advocated for improvements to healthcare.gov that would better leverage the expertise of marketplace-certified health insurance agents and brokers. NAHU believes that better federal support of brokers will not only increase the number of health insurance marketplace enrollments but will also ensure greater consumer protection. Our main focus for these efforts has been to address the following concerns:

- A dedicated portal for brokers to submit individual exchange applications and manage their clients' individual exchange coverage choices throughout the plan year and from year-to-year.
- A customer-service channel dedicated to brokers for client-specific individual exchange issues outside of the traditional call center.
- Improvements to the healthcare.gov search feature for individuals searching for agent and broker contact information within the list of local in-person assistance so that agents and brokers are automatically included in the search results. At minimum, the current "toggle" button that must be set to allow agents in the search results needs to be prominently placed at the top of the screen so that consumers know they



have the option to include brokers in their search up-front. Furthermore, within the search results, each type of local in-person assistance that appears should be listed as an “agent or broker,” “navigator,” “certified application counselor,” or other type of in-person assister so the consumer will know what type of help they have found.

- Amendments to the marketplace coverage application and transaction records to track and record the identifying numbers for all navigator/non-navigator assisters, call-center support personnel, and certified agents who assist an enrollee. This will provide both better consumer protection and inspire greater cooperation purposes among the various types of individuals providing consumers with application and coverage assistance.
- Enhanced priority to technology efforts that will allow both agents and individual consumers access to direct-enrollment portals, both through health insurance issuers and through web-based brokers.

These changes to healthcare.gov listed above are broad in scope, and NAHU recognizes many items will require extensive efforts on behalf of the administration. While NAHU continues to prioritize those needs, NAHU members and FFM-certified agents from around the country have also identified many other smaller improvements that could be made to improve the federal marketplace’s functionality. At your request, NAHU has prepared the following list of “small” fixes that would greatly enhance the ability of consumers along with agents and brokers in regard to healthcare.gov:

Application Improvements

- Once the application has been completed, an “application review” screen should appear showing the application as it will be submitted so that the applicant can review the application in its entirety one last time for accuracy before submission.
- In its current state, in order to edit the application, the applicant must go through the entire application in order to make any changes. The ability to open the application for specific changes (address, income, birth of child) without revisiting each question would be very beneficial.
- Uploading requested documents through the application process can be complicated at times. Often user error results in documents not being retained in the healthcare.gov system. A confirmation page or email receipt to the applicant signifying that a document was successfully uploaded would aid in the efforts of applicants to efficiently complete the submission of their documents.
- An application identifying number (ID) is generated once an application has been successfully submitted and provided on-screen to the beneficiary. We would like to request that this application ID, or another identifier provided to the beneficiary, be used to mark all FFM communications regarding a specific beneficiary or applicant. Often calls are made to the call center, no reference number is given and consumers are told there is no way for the call center to trace past communication with healthcare.gov. Using the application ID assigned by healthcare.gov or another unique identifier to effectively link the consumer to all of their interactions with the FFM would provide a level of accountability and a smooth and easy conduit to connect conversations over the course of multiple touches.



Agent Access

- Agents and brokers are only able to access their accounts by going in to each separate client's account. A single certified agent account would be extremely beneficial to allow agents to access a list of all of their clients' accounts, and the ability for agents to review the applications would ensure that their clients' applications are complete and accurate.
- Currently all correspondence regarding an applicant is sent to the applicant via the HIM Message Center. We would like to request that agents and brokers be included on all correspondence to the applicants. Often the agents are not alerted to a problem until after an insurance claim has been denied or coverage has been discontinued. If agents were included in the client communication from the initial message, these issues could be resolved before a denial of coverage is issued.
- Brokers and consumers should have the capability to choose "mail" or "email" as a communication method. The system now sends most messages only to the consumer and through the HIM Message Center which is an unreliable method as the consumer has to log in to healthcare.gov to be notified if there is a message. The HIM Message Center is the default, and to set "mail" as your default, the consumer has to go back into the system and change the "HIM Message Center" default that it sets automatically. Most consumers do not know that this is even an option, and instead all of their critical messages go to the HIM Message Center. In many cases, agents find that their clients are unaware that they should even be checking the center for messages, resulting in a center full of messages that will never be read or acted upon until it's too late. Further, if coverage is terminated because of these communication issues, all correspondence that was stored in the HIM Message Center is deleted leaving no record of the messages that were sent within the system. This often results in consumers having to appeal for coverage to be reinstated; however, the out of pocket deductible begins being calculated from the date of reinstatement and the consumer's contribution towards the deductible on the previous plan is no longer included in the out of pocket maximum calculation.
- There have been several instances in which agents have called healthcare.gov to act on their client's behalf only to be told that they are no longer authorized to do so even though the client has authorized the agent to act on their behalf for the allotted 365 days. There should be no change to the "Agent" or "Authorized Representatives" field unless the consumer requests such a change. When addressing the situation, NAHU members often find this problem occurs as a result of the poor editing feature in the application process. If an applicant calls the call center to make a change to the application, the entirety of the application must be revisited. During this laborious process, the authorized agent field is not mentioned by the call center, and the previously authorized agent is unintentionally omitted from the application.

Subsidy Estimates

- Currently the plan estimator uses only basic income to calculate a subsidy. A more accurate plan estimator that includes all relevant types of income (unemployment income, non-taxable Social Security



income, etc.) and also retains the results of the calculation so that the result of the calculation does not have to be re-entered later in the application would be much appreciated by consumers and agents alike.

- During tax time many consumers want to access their past estimates to use their past income entries as a reference for the current year. The system at this time does not support the ability for applicants to view past income estimates.
- Currently, when adjusting the subsidy (increasing or decreasing), the system generates a new eligibility notice which is duplicative. We would like the ability to adjust the subsidy without generating additional eligibility notices.
- Consumers that are eligible for a subsidy should be able to view the subsidized prices of the plans available to them when viewing the summary of benefits and coverage (SBC) of each plan. Currently, when an individual or family qualifies for a cost sharing subsidy which reduces the base insurance plan's deductible or out-of-pocket maximum, the actual cost to the consumer is shown online, but when the consumer clicks on the link to the SBC for the plan, the description still shows the full amounts of the plan's cost-sharing components. This is very confusing for plan participants, many of whom assume the higher cost-sharing is their cost of the plan. All plan results for cost-sharing eligible beneficiaries should reflect the deductible or out-of-pocket maximum net of the cost sharing subsidy.

Spouse Coverage Issue

- Many married couples enroll in plans together on the marketplace. NAHU members report many instances of one client-spouse reaching Medicare eligibility and the remaining younger spouse wishing to keep their exchange plan; however, it seems that when the Medicare eligible spouse enrolls in Medicare, the marketplace cancels both spouses' plans and enrolls the younger spouse in a new plan. This often results in a gap in coverage given the timing, and a new deductible on the new policy. We would like to request continuity of coverage for the younger spouse at the time the older spouse reaches Medicare eligibility.
- Throughout a coverage year, one spouse may obtain employer sponsored coverage. Often this coverage is deemed "affordable" causing a married couple enrolled in a subsidized plan on the exchange to lose their subsidy. However, NAHU members have come across instances in which the couple calls to cancel the plan for the spouse who has obtained employer sponsored coverage, but they are never asked why the spouse is canceling their plan, whether the employer sponsored coverage is affordable, or whether a change in income should be reported. This results in the remaining spouse, and possibly other family members, continuing to receive subsidized coverage only to be faced with a large tax bill once their income and employer sponsored coverage of one spouse is reconciled at the end of the tax year. When a couple calls to cancel the plan of a spouse, this should trigger questions in the script of the call center to inquire about employment sponsored coverage of the spouse, and a change in income in order to prevent couples such as these to receive inaccurate subsidies that they will then have to pay back through their taxes the following year.



The agent and broker community stands at the ready to assist marketplace consumers and bring new people into the health coverage system, but these technical issues must be addressed in order for them to continue doing so. We appreciate your ongoing efforts to ensure that brokers are included in the development and execution of the marketplace, and thank you for your prompt attention to this matter.

Sincerely,

Janet Trautwein
CEO, National Association of Health Underwriters

cc: Secretary Sylvia Burwell