



January 30, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-9899-P

Dear Administrator Brooks-LaSure:

The Healthcare Leadership Council (HLC) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to submit comments in response to the notice of proposed rulemaking entitled, “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters (NBPP) for 2024.”

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC appreciates CMS’s efforts to expand access to quality, affordable health coverage and care by increasing access to healthcare services, simplifying choice, and improving the plan selection process, making it easier to enroll in coverage, strengthening markets, and bolstering program integrity. We have reviewed the proposed HHS Notice of Benefit and Payment Parameters for 2024 and offer comments on the following provisions:

Simplifying Choice and Improving the Plan Selection Process

Limitations on Non-Standardized Plan Options

HLC opposes CMS's proposal to limit the number of non-standardized plan options that consumers would be able to choose from on the healthcare marketplace. Limiting non-standardized plan options will negatively impact the ability to innovate and develop plans that are affordable and meet the unique needs of the consumers in different markets. A user-friendly exchange tool would better assist consumers by considering their needs for their coverage and compare plans in a way that makes a decision simpler. We believe CMS should take a more targeted approach and implement an improved meaningful difference standard before limiting non-standardized plans while collecting more information on enrollment and reenrollment in standardized plans.

Re-enrollment Hierarchy

HLC urges CMS to maintain the existing re-enrollment hierarchy and continue to re-enroll individuals into their same health plan unless that plan is unavailable, or they select a different plan. Enrolling individuals into plans different from those they selected will result in consumer confusion. Additionally, consumers don't always choose their healthcare plans based solely on premiums. Premiums are a significant factor; however, they also select plans based on carrier, networks, formularies, and cost-sharing arrangements including out of pocket costs. We recommend CMS work with health plans to improve the consumer shopping experience by expanding consumer education and enhancing the decision support tools that consumers use to make coverage decisions.

Making it Easier to Enroll in Coverage

Special Enrollment Periods

HLC supports CMS's proposal to modify the Special Enrollment Period (SEP) to 90 days for individuals losing Medicaid or CHIP coverage. This extension will help millions of beneficiaries avoid loss of coverage during the Medicaid redetermination process. In addition to this proposal, we recommend CMS provide clarification regarding the SEP process, such as when issuers can expect to receive updated re-enrollment data from the agency to incorporate into rate renewal letters.

Navigators

HLC supports CMS repealing provisions prohibiting Navigators, certified application counselors, non-Navigator assistance personnel in Federally-facilitated Exchanges, and other assistance personnel in State-based Exchanges from using unsolicited means of door-to-door outreach to help consumers fill out applications or enroll in health coverage. Repealing these restrictions will enable assisters to reach a broader consumer base in a timely manner while also reducing uninsured rates and health disparities by removing underlying barriers to accessing affordable and high-quality healthcare coverage.

Thank you for the opportunity to provide comments on this proposed rule. HLC looks forward to continuing to engage with the administration as the regulatory process

proceeds. If you have any questions, please do not hesitate to contact Debbie Withey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Greal". The signature is fluid and cursive, with the first name "Mary" being the most prominent.

Mary R. Greal

President