



SPAN
35 Halsey Street 4th Floor
Newark, NJ 07102
(973) 642-8100
(973) 642-8080 - Fax
E-Mail address: span@spannj.org
Website: www.spannj.org

Statewide Parent Advocacy Network, Inc.

Empowered Families: Educated, Engaged, Effective!

Family Voices-NJ Comments on the Health Care Reform Insurance Web Portal Requirements

5/19/10

Thank you for accepting comments on the web portal requirements under health care reform. Family Voices is a national network that advocates to keep families at the center of children's healthcare and in particular on behalf of children with special healthcare needs. Our NJ Chapter is housed at the Statewide Parent Advocacy Network (SPAN), NJ's federally funded Parent Training and Information Center which is also NJ's Family-to-Family Health Information Center. The Family Voices Coordinator also serves as the NJ Caregiver Community Action Network representative for National Family Caregivers Association in a volunteer capacity.

General Comments

I. Background

We agree that the portal should be available to both a resident or small business to identify affordable coverage.

A. Statutory Basis

We support the "Minimum coverage options" which include:

1. health insurers
2. Medicaid
3. CHIP
4. high risk pools
5. high risk pools of the Affordable Care Act
6. small group market (for businesses)

B. General Overview

We strongly support the deadline that the portal be available for public use no later 7/1/10.

We agree that contact information should include "Web site links and a customer service telephone contact...to enable interaction with specific issuers." We would like to see the requirement that customer service be "live" as opposed to an automated menu.

We agree that information should be included on “coverage options for small businesses, including reinsurance for early retirees...and tax credits available.” We support a web portal format “consistent with the standards that are adopted for the uniform explanation of coverage under the Public Health Service Act”. We would like to see availability of multiple languages and alternative formats for accessibility.

We agree that the portal information could be enhanced with “content over time...will include...medical loss ratios, quality and performance information.”

We strongly support information on links to “State health benefits high risk pools...Medicaid and CHIP eligibility...” and hope to assist in the development of high risk pools in our state.

We are concerned that “detailed pricing and benefit information...second release...October 1, 2010” is just past the effective date of 9/23/10 and would like to see options and timeframes for consumers to change their choice based on the new information.

II. Provisions of the Interim Final Rule

A. Definitions

Originally the “small group market...employed an average of at least 1 but not more than 100...” but the Affordable Care act allows states to define this as “employed on average at least 1 but not more than 50 employees” which we support.

B. Individual and Small Group Market Data Collection and Dissemination

1. Data Submission Mandate

We support the “contract with a vendor that has a health insurance pricing engine and a related Web site with portal plan...” for ease of use.

a. July 1, 2010

We agree that insurers should “submit corporate and contact information...enrollment codes; enrollment data by product...Preferred Provider Organization or Health Maintenance Organization...geographic availability...customer service numbers...” Consumers need to know the difference between a PPO and an HMO under managed care. Geographic availability is a huge barrier to access for consumers. Again customer service numbers must be accessible live and not automated, also in multiple languages.

We understand that the act will “allow but not require...National Committee for Quality Assurance Accreditation” but feel this should be a requirement for quality assurance and consistency.

It states that “certain administrative information...such as tax identification and enrollment count... will be used...” Consumers need tax ids to file claims because otherwise they are sometimes denied for “missing information”. Also enrollment count

is important should the insurer pull out of that state or a particular market so advocates and the Department of Health know how many individuals are affected.

b. October 1, 2010

The more comprehensive version of the portal will “include benefit and pricing information...premiums, cost-sharing, types of services covered, coverage limitations and exclusions.” Again if this is in effect after 9/23/10 eligibility, there needs to be a mechanism and timeframe during which consumers enroll and can change plans. We agree “it would confuse users...to display portal plans that are not open for enrollment”. We also agree that some plans will be included that were originally considered “excluding...minimal market share... [but] serve niche markets” to be comprehensive.

We agree that for each zip code insurers submit “information on at least all portal plans that are open for enrollment...represent 1 percent or more...total enrollment...within that zip code.” We strongly support the notion to “...allow sorting and comparing portal plans...” like Medicare, and would suggest including a low income section like “Extra Help.”

c. Future Updates

We strongly support the requirement for insurers to provide updates whenever there is a change in “premiums, cots-sharing, types of services covered, coverage limitations, or exclusions.” Also insurers who previously covered a service should not be allowed to stop covering that service, or at the very least grandfather in consumers already receiving that service. We support reporting on performance related ratings such as the “percent of individual market and small market policies that are rescinded;...percent of claims that are denied..., number and disposition of appeals on denials to insure, pay claims and provide required preauthorizations.” We remain concerned with families being dropped by insurers and certain patterns of claims being denied. Further, we would suggest enforcement of sanctions for insurers found to be in violation of rescinding policies or systemically denying particular types of claims. We would like to see the addition of medical error reporting, particularly in light of Medicaid no longer providing reimbursement for preventable medical errors. This would also allow data tracking resulting in decreased morbidity and mortality, cost savings, and ultimately better systemic health outcomes.

d. *Data Validation*

3. Data Dissemination

c. future updates

We support the requirement of reporting the “percentage of total premium revenue expended on nonclinical costs...” and that using “medical loss ratios will provide more than the minimally required information and is believed to be more useful to the public.”

C. *Information to be Collected and Disseminated on High Risk Pool Coverage*

1. Data Submission Request

a. July 1, 2010

We support the information including “administrative and contact information...customer service phone number and a Web site for pool information, pool eligibility information, such as state residency and health condition requirements, pool coverage limitations, such as restrictive riders; and pool premium information.”

D. Information to be Disseminated on Medicaid and CHIP

We support data collection in CMS for all Medicaid/CHIP eligibility across states. This includes which states receive federal funds and any waivers, “as well as the services available under each State’s CHIP plan and any waiver of such plan.” This will give a good national picture of “optional services”. We agree the portal should include data “for mandatory services for each mandatory and optional categorical group defined in each Medicaid State plan.” We particularly are concerned in the areas of mental health, Federally qualified health centers (FQHCs), home health care, Early Periodic Screening Diagnostic and Treatment (EPSDT), rehabilitative services, and case management. We also support information on the state Demonstration programs, including “variations in eligibility, coverage and service delivery.” We strongly support information on the Home and Community Based Wavier (section 1915). We support summary level information across certain categories that have cross-over, such as the working disabled.

III. Waiver of Proposed Rulemaking and the 30-Day Delay in the Effective Date

We agree that the “timeframes and dates described...establish good cause for an effective date that is fewer than thirty days after publication.”

VI. Regulatory Impact Statement

Although we agree that “Massachusetts already presents essentially the entire set of information we will obtain, and more, on its Connector Web site” we caution that the universal coverage in MA did not include pediatric populations, particularly those with special needs. Rather than serving as a “best practice” model, it is a good starting point.

Thank you for the opportunity to comment on the health care reform insurance web portal requirements.

Sincerely,

Lauren Agoratus, M.A.-parent
NJ Coordinator- Family Voices at the Statewide Parent Advocacy Network
NJ Caregiver Community Action Network-Nat’l Family Caregivers (volunteer)
35 Halsey St., 4th Fl.
Newark, N.J. 07102
(800) 654-SPAN ext. 110
Email familyvoices@spannj.org
Website www.spannj.org

Our Mission: To empower families and inform and involve professionals and other individuals interested in the healthy development and educational rights of children, to enable all children to become fully participating and contributing members of our communities and society.