



**American Hospital
Association®**

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July 28, 2014

Marilyn B. Tavenner
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, D.C. 20201

RE: CMS 9941-P, Annual Eligibility Determinations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges: Proposed Rule, July 1, 2014

Dear Ms. Tavenner:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule regarding annual eligibility determinations and re-enrollment in health insurance exchanges.

The AHA supports the proposed changes to the redetermination and re-enrollment process for qualified health plans (QHPs) sold through the health insurance exchanges. The proposed changes will ensure greater continuity of coverage as the next open enrollment period begins Nov. 15.

The proposed rule would allow health insurance exchanges to choose one of three methods for conducting annual redeterminations:

1. Use the current eligibility redetermination process, which requires exchanges to provide a single notice of the 2015 open enrollment period and 2015 redetermination of eligibility to QHP enrollees enrolled for the benefit year 2014;
2. Use an alternative procedure set out by the Secretary of Health and Human Services (HHS) that allows QHP enrollees to take no action and still have his or her coverage renewed for 2015; or



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3. Use an alternative procedure, approved by the HHS Secretary, that would facilitate continued enrollment and provide clear information about the process to the enrollee while also including adequate program integrity provisions.

The most significant of these redetermination options is allowing exchanges to enroll QHP enrollees automatically in their current plan if the enrollee makes no changes to his or her selected coverage. If an individual is currently enrolled in a QHP that will not be available in the next benefit year, the rule would establish a prioritization process for automatic re-enrollment in a different product offered by the QHP issuer. Automatic enrollment allows for greater continuity of coverage and brings coverage offered through the exchange in line with current practices in the existing insurance market.

The AHA has long been committed to expanding health care coverage. Our member hospitals are working with their community stakeholders to inform low-income individuals and families about available coverage options and financial assistance. CMS's proposed changes will help ensure that many of those individuals who achieved coverage in 2014 will be able to continue that coverage seamlessly into the next benefit year.

Thank you for your consideration of our comments. If you have any questions, please contact, Jeff Goldman, vice president for coverage policy, at (202) 626-4639 or jgoldman@aha.org or Molly Collins Offner, director of policy development, at (202) 626-2326 or mcollins@aha.org.

Sincerely,

/s/

Linda E. Fishman
Senior Vice President
Public Policy Analysis & Development