



The Enrollment Coalition

RE: HHS Notice of Benefit and Payment Parameters for 2023 Proposed Rule

On behalf of The Enrollment Coalition, the following comments are in response to the HHS Notice of Benefit and Payment Parameters for 2023. We appreciate the opportunity to respond to this proposed rule.

The Enrollment Coalition is a group of organizations across the health care community, including consumer advocates, patient advocates, health plans, health care providers, employers, and technology and data organizations. Our mission is to collaboratively identify, develop, and advance actionable policy recommendations for federal policymakers aimed at improving enrollment data, systems, and processes to foster the enrollment of uninsured Americans under age 65 into existing health coverage plans and programs for which they are otherwise eligible.

The Enrollment Coalition believes:

- The persistence of millions of Americans forgoing health coverage is not a sustainable status quo for those patients, their families, communities, or our health care system.
- Enabling millions more uninsured Americans to be enrolled in health coverage for which they are already eligible can help improve the health of those Americans, their communities, and our health care system.
- Uninsured Americans eligible for current plans and programs would benefit from more streamlined, automated, efficient, effective enrollment processes to gain coverage that meets their needs.
- New policies to enroll uninsured Americans into existing coverage options should respect consumers' individual needs and prioritize meaningful, affordable, quality coverage that improves access for targeted populations.

Overall, the Enrollment Coalition appreciates that HHS is considering ways in the Notice of Benefit and Payment Parameters for 2023 to streamline the enrollment process, remove existing barriers, and improve the consumer enrollment experience. We look forward to working with the Administration to continue to advance these shared goals.

National Directory of New Hires

The Enrollment Coalition appreciates CMS' consideration of additional data sources to improve and streamline the enrollment process. In the Proposed Rule, "CMS notes that additional data source access, such as the NDNH, would improve accuracy and reduce administrative burden to consumers for the income verification step during the eligibility process."¹ The Enrollment Coalition shares the Administration's goal of reducing administrative burden on consumers

¹ [Federal Register :: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023](#)

through improved data linkages. The Enrollment Coalition is supportive of identifying existing data sources that can be improved and linked to enrollment in order to validate data accuracy and reduce the need for additional verification of eligibility.

Web Broker Provisions

The Enrollment Coalition believes there is a role for agents and brokers in advancing the shared goal of enrolling people in – or maintaining their enrollment in – health coverage coverage for which they are eligible. In the Proposed Rule, CMS proposes to require web broker websites to display a prominent and clear explanation of the rationale for explicit QHP recommendations and the methodology for default display of QHPs on their websites. CMS also proposes prohibiting QHP advertising, or otherwise providing favored or “preferred placement” in the display of QHPs on web broker websites based on compensation an agent, broker, or web-broker receives from QHP issuers.

We appreciate the steps CMS is taking to improve the consumer experience on web-broker websites, which will help ensure consumers understand their coverage options in order to make health care coverage decisions that are right for them. We support enhancing consumer decision support tools and conducting the necessary oversight of these tools in order to help consumers make the choice that is best for themselves and their families.

Guaranteed Availability

CMS is proposing to reinstate a previous interpretation of guaranteed availability to “prohibit issuers from refusing to effectuate new coverage due to failure to pay outstanding premium debt from the previous year” or applying premium payments to outstanding debt owed from prior coverage.² We appreciate CMS is taking steps in the 2023 NBPP to remove barriers to enrollment.

Thank you for your consideration of these comments.

Sincerely,
The Enrollment Coalition

Association for Community Affiliated Plans
Benefits Data Trust
Centene Corporation
Community Catalyst
Families USA
Health Care Service Corporation
Healthcare Leadership Council
March of Dimes

² [Federal Register :: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023](#)