

January 8, 2018

*Submitted electronically via [www.regulations.gov](http://www.regulations.gov)*

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9922-P  
P.O. Box 8016  
Baltimore, MD 21244-8010

**RE: CMS-9922-P, Patient Protection and Affordable Care Act; Exchange Program Integrity**

Dear Administrator Verma:

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed rule on Exchange Program Integrity.

CHCANYS is New York State's Primary Care Association for federally-qualified health centers (FQHCs). CHCANYS operates as an advocate and voice for health centers across New York State, with over 800 sites serving 2.3 million patients annually. FQHCs are non-profit, community run health centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In short, FQHCs are New York's primary care safety net providers - keeping people well in the community and out of higher cost institutional based settings.

With New York State's state-based insurance exchange comes special consideration. We generally wish to express support to CMS on its efforts to strengthen the integrity of our state-based exchange by increasing oversight and streamlining reporting requirements. However, we have deep concerns over the proposed change in guidance related to compliance with Section 1303 and billing for non-Hyde abortion services. Our comments, aligned with the National Association of Community Health Centers (NACHC), are outlined below.

***Improving Exchange Oversight and Transparency***

CHCANYS believes that the efforts to improve oversight and transparency will lead to improvements for consumers with respect to determining their eligibility for the advanced premium tax credits (APTCs) and cost-sharing reductions. Once finalized, CHCANYS encourages CMS to work closely with New York State to ensure that individuals who are assisting consumers with subsidy determinations and coverage decisions receive proper notice and training on applicable compliance requirements and standards.

***Streamlining Coverage Processes for Medicare Beneficiaries***

Six percent of New York health center patients are Medicare beneficiaries, and many are dually eligible for Medicaid and Medicare. CHCANYS is pleased to see that CMS is continuing its effort to ensure that Medicare

beneficiaries are not dually enrolled in and paying for unnecessary coverage through Marketplace plans, or worse yet, unknowingly delaying Medicare Part B enrollment due to confusion. Because the consequences for Medicare beneficiaries are dire, ranging from gaps in coverage to expending limited resources on unnecessarily costly premiums, we encourage CMS to continue its support to Medicare beneficiaries with targeted outreach, education, and assistance.

#### ***Consistency in Qualified Health Plan Compliance***

CHCANYS is supportive of the 2016 payment rule that stated Section 1303 could be satisfied by itemizing non-Hyde abortion services with the total premium amount on a single bill. We are deeply concerned that by reversing previous guidance from 2016 and requiring separate billing for non-Hyde abortion services will result in consumer confusion and unexpected termination of coverage for some. As such, we would encourage CMS to maintain the 2016 payment rule and allow for itemization of services on one single bill.

#### **CONCLUSION**

We thank CMS for its work to improve oversight of the Exchanges and thus the overall experience for consumers as they make significant decisions regarding how to protect their health. We would welcome the chance to discuss additional opportunities for improving the consumer experience, including ways to improve the process for consumers to periodically report changes or improve the tools or information available for individuals engaged in outreach and enrollment with consumers.

CHCANYS appreciates this opportunity to provide comments on the proposed rule. Both our staff and our member health centers would be happy to provide any further information that would be helpful. Please do not hesitate to contact Marie Mongeon at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org) should you have any questions.