

May 6, 2013

Marilyn Tavenner  
Acting Administrator  
Centers for Medicare & Medicaid Services  
US Department of Health and Human Services  
P.O. Box 8010  
Baltimore, MD 21244-1850

RE: CMS-9955-P, Standards for Navigators and Non-Navigator Assistance Personnel

Dear Ms. Tavenner:

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to respond to the proposed rule from the Centers for Medicare & Medicaid Services (CMS) creating standards for conflict of interest, training and certification, and access for Navigator and non-Navigator personnel operating in Federally-facilitated Exchanges, State Partnership Exchanges, and State-based Exchanges receiving funding for operations under the Affordable Care Act (ACA).

NFPRHA is a national membership organization representing the nation's family planning providers - nurse practitioners, nurses, administrators and other key health care professionals. NFPRHA's members operate or fund a network of nearly 5,000 health centers and service sites that provide comprehensive family planning services to millions of low-income, uninsured or underinsured individuals in 49 states and the District of Columbia.

As CMS promulgates regulations for the Navigator program, NFPRHA believes the policies outlined below should be included in further guidance to improve access to health insurance for the millions of people who seek care from family planning providers.

**NFPRHA asks that funding be provided to family planning providers already serving their communities by offering onsite enrollment services.**

Family planning providers are familiar with addressing the needs of uninsured and underinsured patients. Current state laws allowing immediate temporary Medicaid coverage, so-called presumptive eligibility, have allowed family planning providers to fill an important function of enrolling Medicaid-eligible women and men into the program to promptly begin receiving health services. Many family planning providers and other safety-net health centers are trusted in their communities to provide the education and information their patients rely on to make decisions about their health and insurance coverage options.

The women and men seen at safety-net health centers sometimes have low-health literacy or language-access challenges that hinder their ability to understand health insurance enrollment requirements. The current processes designed for providers to help consumers understand ACA-sponsored coverage, including referring them to an Exchange call center or an in-person assistance program, may mean the loss of an important opportunity to enroll them in health insurance. Safety-net systems, including family planning health centers, know their patients' health histories and economic circumstances, and this knowledge may improve the likelihood of the consumer seeking support from these trusted places.

Unfortunately, education and insurance enrollment activities are rarely supported by outside funding or are reimbursable through Medicaid, which makes meeting the demand for help difficult. Many health centers already operate on a very tight margin, and adding additional unfunded work will only further stretch limited resources. As stated in the preamble, these activities are necessary to the success of the Exchanges. CMS should make resources available to safety-net providers, such as family planning providers, to respond to consumer information needs. Funding directed specifically to community-based providers would help support outreach and enrollment activities and provide the requisite training activities to successfully offer help to their patients and others seeking help. CMS should also further support community-based providers and further the coverage goals of the ACA by making the training materials for Navigator training available to any interested party.

**NFPRHA asks that the training requirements require that Navigators be aware of services and accessibility of community-based providers.**

Section 155.215(b)(2) in the proposed rule outlines the requirements for Navigator training. NFPRHA supports imposing comprehensive training requirements and asks that CMS strengthen them to ensure that Navigators are also knowledgeable about qualified health plans' (QHPs) provider networks. Many of the newly insured already rely on essential community providers such as family planning health centers and federally qualified health centers as their providers of choice. Navigators must be able to not only offer details on cost sharing, benefits, rights and processes, but also offer clear guidance on whether specific health centers or

providers are in-network for QHPs. This will allow consumers to better manage their out-of-pocket costs by choosing a health insurance plan that has a provider familiar with their health status and that fits their care needs.

**NFPRHA asks that more resources be devoted to the Federally-facilitated Exchange and State Partnership Exchange Navigator programs.**

The current funding level of \$54 million for the Navigator program is woefully inadequate, especially because many of the states using these funds have very high rates of uninsurance. Success of the Exchanges and the ACA will depend on the ability of consumers to access enrollment assistance. States implementing Federally-facilitated Exchanges, like Florida, Georgia, South Carolina, and Texas all have uninsured rates currently at or above 20% of their population.<sup>i</sup> Further, many of these same states have patient populations that are sicker and experience higher rates of chronic disease and fewer health care access points. They may also have large rural areas that are underserved for health care. For example, in both Montana and Texas patients are commonly required to drive long distances to access health care. Without additional resources to the Navigator grant program, consumers will have minimal access to the plans offered in the Exchange and millions will remain uninsured.

**NFPRHA asks that CMS maintain strong consumer protection regulations for the Navigators, and apply similar rules to other consumer assistance programs like the certified application assistors.**

Consumers will seek out enrollment assistance through many avenues depending on their personal circumstances. The assistance they receive should be high-quality and accurate regardless of the type of assistor they contact. Consumers may choose an assistor based on geography, language, accessibility, or other reasons. As a result, it is important that consumer protections, like conflict-of-interest prohibitions and comprehensive training requirements, be consistent across programs. Moreover, those assisting individuals with insurance must be required to report any conflicts of interest or other pertinent information to the potential enrollee so that s/he can make informed choices about insurance coverage. For example, if assistance is offered by someone who is not certified, the non-certified assistors should be required to disclose that they are not certified through the Exchange.

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NFPRHA appreciates the opportunity to comment on the proposed rule outlining the requirements of the Navigator program. If you have further questions, please contact Julie Lewis at [jlewis@nfprha.org](mailto:jlewis@nfprha.org) or 202.293.3114 ext 214.

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Sincerely,

A handwritten signature in cursive script that reads "Clare M. Coleman".

Clare Coleman  
President & CEO

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<sup>i</sup> Kaiser Family Foundation, *State Health Facts, Uninsured Rates by State*, accessed May 3, 2013, <http://kff.org/other/state-indicator/total-population/>.

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