



American Cancer Society ☞ Children's Defense Fund/New York ☞ Center for Working Families
Community Service Society of New York ☞ Metro New York Health Care for All Campaign
New Yorkers for Accessible Health Coverage ☞ New York Immigration Coalition
Public Policy and Education Fund of New York/Citizen Action of New York

May 21, 2010

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building,
200 Independence Avenue, S.W.
Washington, DC 20201

File Code: DHHS-9997-IFC

Re: Comments from Health Care for All New York (HCFANY) on the Proposed Rule regarding Health Care Reform Insurance Web Portal Requirements

We write to provide the comments of Health Care for All New York (HCFANY) on the proposed rule regarding Health Care Reform Insurance Web Portal Requirements. As New York consumer advocates, we thank you for this opportunity.

As an overarching principle, we urge the Secretary to provide all of the information a consumer will need to make an informed decision using a simple format and plain language so that it is accessible to all consumers, including consumers with disabilities and consumers with limited English proficiency. Our specific comments follow.

Apples-to-apples comparison

The website should provide information about the plans that are offered to consumers that include benefit and cost information explained in a way that enables consumers to make an apple-to-apple comparison between the plans. Plans should be grouped by actuarial value, to facilitate this

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comparison. Like the Massachusetts Connector's website, consumers should be able to compare plans by, at a minimum: the monthly cost; annual deductible; annual out-of-pocket maximum; cost for a doctor visit; cost of generic prescription drugs; cost of an emergency room visit; and cost for a hospital stay.

The comparison site should also provide apple-to-apple comparison information about an insurer's National Committee for Quality Assurance (NCQA) ratings, information about disciplinary actions against the insurance company by state or federal regulators, and other quality information that can help consumers choose a strong and reliable insurance company. It should also include information about an insurer's internal and external consumer complaint rates, as well as how often these complaints have been sustained.

When plans become available through the state Exchanges, these plans should be posted on the web portal in as prominent a location as other private health plan offerings. The web portal should indicate which plans are Exchange plans, explain who is eligible for Exchange plans, and the benefits to consumers of purchasing plans offered on the Exchange. The same comparison data points should be included for Exchange plans as other plans, to allow consumers to make educated comparisons.

There should also be a link to the plan's website where consumers can find an updated list of the plan's network providers, including hospitals and physicians. As the web portal is revised and improved, it should include a search engine that allows consumers to search for a provider by name and city of coverage and find a list of the plans the provider participates in.

The plan comparison feature should include individual and small group plans, publicly-subsidized coverage options, and plans available through the state Exchanges when they become available. If Exchange plans are not listed on this site, there should be links to the state Exchange sites with a disclosure to consumers informing them that a plan purchased on the Exchange plans may provide better value than a plan purchased on the private insurance market. The site should direct people to all of the options that they are eligible for, without requiring them to research the options and navigate to separate pages for different types of coverage.

Consumer advocates' design comments

It is clear that the DHHS has put a great deal of thought into the design and contents of the new web portal, and that the timeline for design and implementation is very short. But that timeline should include a way for consumer advocates to weigh in on the design and content of the web portal. Consumer advocates have experience designing materials, including websites, to educate and



assist consumers in reviewing their health care options and making decisions. DHHS should allow consumer advocates to share this experience and knowledge before finalizing the web portal.

Feedback

The website should allow a means for people to respond to material posted on it. For example, if a consumer learns that a price quote on the website is incorrect, there should be a way for the consumer to alert the agency maintaining the website, as well as other consumers.

Language and Accessibility

HHS must make sure that the language used on the website is simple and easy to understand. Each page of the website should be written in preferably a fourth-grade reading level, but at most an eighth-grade reading level, to ensure that low-literacy consumers are able to use the information. Health care jargon can be difficult for even the highest-literacy readers to understand. All terms should be defined clearly on the website, in a way that is easy to access and understand. The Massachusetts Connector website includes features that make it easier to understand. Technical terms are defined in bubbles that pop up when the consumer scrolls over the term with the cursor. The format of the plan comparison also uses many stylistic features found on popular commercial websites, including the ability to sort plans by cost, insurer, benefits package, and other options.

All information must also be accessible to people with limited English skills. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" directs agencies to develop and implement systems to provide services so limited English proficiency (LEP) persons can have meaningful access to government services. HHS should make the website available in languages other than English. HHS should provide the same information in the most commonly spoken languages in the United States, and display information about how to access the website in other languages prominently for consumers who need the information in other languages.

The portal should comply with Section 508 of the Rehabilitation Act, which requires Federal agencies to make their electronic and information technology accessible to people with disabilities. People with vision impairments should have access to large-font versions of the information. The web portal should be compatible with assistive products, including screen readers that translate the content of a computer screen into automated audible output and refreshable Braille displays. Web site graphics or animation should also be available in an accessible format.

Information to be disseminated on Medicaid and CHIP

We believe that it is inadvisable for the web portal's pages on Medicaid and CHIP to collapse eligibility categories for state Medicaid and CHIP programs. Specific income and resource



disregards should be presented. If the eligibility information is collapsed and limited, eligible consumers could be misled. For example, an eligible person with a disability could mistakenly understand the web portal's information to mean that her income or resources made her ineligible. If information must be presented at a summary-level, a consumer should at least be able to learn the maximum income and resources possible for eligibility, and should be able to “click through” for more details.

Directing consumers to help

The regulation notice outlines many sources of information that will be included on the web portal. One source of information and assistance that was not listed was consumer assistance programs and facilitated enrollers. Every state has at least one consumer assistance program or facilitated enroller program that helps health care consumers sign up for coverage and navigate the coverage they have. Some of the programs serve only seniors or other defined populations, while others serve all consumers. Some consumer assistance programs are based in community-based organizations, while others are based in state agencies. Consumers will have many questions as they begin to use the new web portal, and the contact information for local consumer assistance programs should be provided on the state-specific pages.

Thank you for considering our comments. If you have any questions, please contact Elisabeth Benjamin at ebenjamin@cssny.org or at (212)614-5461.

Sincerely,

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Vice President of Health Initiatives