

September 20, 2017

Administrator Seema Verma
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations share a commitment to advancing the health and economic security of individuals and families with Marketplace coverage and with Medicare. In 2016, the Centers for Medicare & Medicaid Services (CMS) announced a time-limited equitable relief opportunity for select individuals currently or previously enrolled in Marketplace plans who delayed Medicare enrollment.¹ This important relief is set to expire on September 30, 2017, and we are writing to urge CMS to issue an extension.

Through the establishment of this relief, CMS is responding appropriately to the needs of Marketplace enrollees who became newly eligible for Medicare as the Marketplaces were still in their infancy. Time-limited equitable relief allows Marketplace enrollees who are or were unfamiliar with Marketplace and Medicare rules concerning coverage and financial assistance to enroll in Medicare Part B without a Late Enrollment Penalty (LEP). This lessens a significant hardship for many people who inadvertently delay or decline Part B enrollment because they are unaware of the repercussions that could result from keeping their Marketplace coverage. Because of beneficiary delays in learning of and applying for this important relief, we request that CMS extend the policy. We recommend that the agency retain the policy through the end of 2017 or longer.

In order to qualify for time-limited equitable relief, an individual must be enrolled in premium-free Part A and have an Initial Enrollment Period (IEP) that began April 1, 2013 or later, or have been notified of retroactive premium-free Part A on October 1, 2013, or later. To request time-limited equitable relief, the individual must contact the Social Security Administration (SSA) or visit a local Social Security office and ask to use time-limited equitable relief to enroll in Part B and/or eliminate the Part B LEP.

The opportunity to apply for time-limited equitable relief improves the financial health and well-being of people new to Medicare. We believe an extension of this critical relief is warranted for several reasons. First and foremost, some of our organizations have observed that case delays at SSA are hindering some attempts to apply for time-limited equitable relief. An extension of the policy could result in better awareness of time-limited equitable relief within SSA and would give the agency more time to process applications.

Second, at least two populations were notified about the availability of time-limited equitable relief only very recently. CMS' Periodic Data Matching (PDM) notices for the disability population were mailed several months later than those for the non-disability population (aged 65+), likely leading to delays among people with disabilities in seeking time-limited equitable relief. Further, the PDM notices are only available to those dually

¹ CMS, "Fact Sheet: Assistance for Individuals with Medicare Part A and Marketplace Coverage Information for SHIPs and Marketplace Assistors," (2016), available at: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Limited-Equitable-Relief-Fact-Sheet.pdf>

enrolled in Medicare and the federally-facilitated Marketplace. Select State-based Marketplaces opted to follow CMS' lead and notify their enrollees about time-limited equitable relief, but did so only in recent months. Additionally, Marketplace enrollees who are Medicare-eligible but not enrolled have yet to receive any direct notification about time-limited equitable relief from the federal government, as the agency's PDM notices are targeted to those dually enrolled in Medicare and the Marketplaces.

Third, in the 2018 Notice of Benefit and Payment Parameters, CMS finalized an interpretation of guaranteed renewability and Medicare anti-duplication such that an issuer who has knowledge that an enrollee in individual market coverage is entitled to Part A or enrolled in Part B is prohibited from renewing the individual market coverage if it would duplicate Medicare benefits unless the renewal can be effectuated under the same policy or contract. Thus, beginning in 2018 open enrollment, issuers must non-renew enrollees if the issuer has positive knowledge that the enrollee is dually enrolled and the renewal is not under the same policy or contract. As a result more consumers will need to transition from the Marketplace to Part B coverage in 2018, and extending the time-limited equitable relief will greatly ease that transition for them.

Finally, lack of data makes it difficult to determine how many eligible consumers may have already applied or are in the process of applying for time-limited equitable relief. Without this valuable data, caution urges that more time be given to allow affected individuals to apply. For these reasons, it will continue to be important that people can apply for time-limited equitable relief past September to ensure timely enrollment in Medicare free of financially burdensome penalties. Again, we thank CMS for establishing this needed relief and for considering our request to extend its availability.

Sincerely,

AgeOptions

Aging Life Care Association

Alliance for Aging Research

Alliance for Retired Americans

America's Health Insurance Plans (AHIP)

American Association on Health and Disability

American Foundation for the Blind

American Society on Aging

Association of University Centers on Disabilities (AUCD)

Better Medicare Alliance

Blue Shield of California

BlueCross BlueShield Association

California Health Advocates

CAPG, the Voice of Accountable Physician Groups

Center for Elder Care & Advanced Illness

Center for Elder Law & Justice

Center for Independence of the Disabled, NY

Center for Medicare Advocacy, Inc.

Dialysis Patient Citizens

Empire Justice Center

Epilepsy Foundation

Health & Disability Advocates

Highmark BlueCross BlueShield
Justice in Aging
Lakeshore Foundation
Lutheran Services in America
Medicare Rights Center
National Association of Health Underwriters
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of State Head Injury Administrators
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Coalition on Health Care (NCHC)
National Committee to Preserve Social Security and Medicare
National Consumers League
National Council on Aging (NCOA)
National Health Law Program (NHeLP)
National Multiple Sclerosis Society
National Partnership for Women & Families
New York Association on Independent Living
New York Legal Assistance Group
Social Security Works
The Arc of the United States
United Cerebral Palsy
Women's Institute for a Secure Retirement (WISER)

CC: Demetrios Kouzoukas, Principal Deputy Administrator for CMS & Director of the Center for Medicare