August 15, 2013

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services (HHS)
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 20144-1850

Re: [CMS-9955-F; CMS-2334-F2] Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors; Final Rule

To Whom It May Concern:

As organizations that share a strong commitment to the health of our nation’s children, we would appreciate the opportunity to share recommendations with you regarding the training module content standards for Navigators and Non-Navigator Assistance Personnel, as defined broadly in the Final Rule, published in the Federal Register on July 17, 2013.

Section 155.215 of the Final Rule establishes training standards for Navigators and Non-Navigator Assistance Personnel carrying out consumer assistance functions under §§ 155.205(d) and (e) and 155.210 in a Federally-facilitated Exchange and to Non-Navigator Assistance Personnel funded through an Exchange Establishment Grant. In the preamble to the Final Rule, CMS states that the training module content requirements cover a broad range of subjects and that it is expected that training developed consistent with those requirements will encompass many of the specific training content suggestions made by commenters in response to the Proposed Rule. During the July 15th HHS Conference Call on the Final Rule, CMS officials stated that they will be taking public comments in response to the Proposed Rule into consideration as the specific training module content is developed.

We would like to take this opportunity to reiterate some of the recommendations we made in response to the Proposed Rule with respect to training module content as well as to raise some additional points. Specifically, we believe that it is vitally important that the training modules include pediatric-specific and pregnancy-specific content.

We recommend the inclusion of a mandatory module on pediatric and pregnancy related health coverage in the HHS-developed training modules, as well as specific questions to evaluate a trainee’s understanding of pediatric coverage needs in certification examinations. Specifically, the training and examinations should ensure that Navigators, Non-Navigator Assistance Personnel, and Certified Application Counselors:

(1) Understand and are able to explain to families the specifics and differences between health plans that cover children and pregnant women, including: the availability of child-only plans at the same levels of coverage as other Qualified Health Plans offered in the Exchanges; the benefits in Medicaid, CHIP, and Exchange plans; the
limitations of habilitative services coverage in the state; Medicaid wrap-around coverage; provider networks; premiums; eligibility for tax credits for children’s coverage; cost-sharing rules with respect to Bright Futures and women’s preventive services; cost-sharing subsidies; out-of-pocket limits; annual and lifetime limits; dependent coverage up to age 26; pregnancy-related coverage; and premiums and cost-sharing rules for pediatric dental coverage and stand-alone dental plans.

(2) Have thorough knowledge of their State’s Medicaid and Children’s Health Insurance Program (CHIP) as it relates to coverage for children and pregnant women, including eligibility levels; benefits; provider networks; existence of the 5-year bar; pregnancy-related coverage versus full expansion coverage for pregnant women; existence and length of CHIP waiting periods; and transitions between public programs, including movement of CHIP children into Medicaid for families earning up to 138% of the federal poverty level even in states that do not take up the Medicaid Expansion, and from public to private coverage.

More specific recommendations follow:

**Ensure that Navigator and assister training content include a thorough understanding of the implications of pediatric dental benefits accessed through stand-alone dental plans.**

It is critically important that navigators and other assisters understand how pediatric dental benefits will be administered in the federally facilitated exchange (FFE). While oral health services are expressly required as part of the essential health benefit package for children, the flexibility of current interpretations of the law appears to allow QHPs to forego providing dental services if such benefits are available through a stand-alone dental plan. Navigators need to understand that this means that there will not be an effective way to aggregate or coordinate premium and cost-sharing limitations and ameliorate the concerns that this added expense could pose for families. It is vital that HHS address these concerns to minimize their impact on children’s access to preventive and routine dental care. Regardless of any administrative remedies, it will be important that navigators and assisters fully understand the implications of pediatric dental benefits accessed through stand-alone dental plans in the Exchanges.

**Ensure that training includes state-specific information on Medicaid and CHIP eligibility and enrollment rules and procedures and whether states have opted to cover lawfully residing children and pregnant women.** Most uninsured children will be eligible for Medicaid or CHIP coverage, even when their parents qualify for subsidized coverage through the exchange. The Final Rule is not clear on the extent to which training will include state-specific content, such as Medicaid and CHIP eligibility levels or eligibility and enrollment requirements in states that will not be using the FFE to make Medicaid determinations. While we appreciate the challenges and time constraints involved in developing 34 versions of the training for each of the FFE states, it is very important that training include state-specific content so that navigators can fulfill their duty to maintain expertise in eligibility, enrollment, and program specifications for all of the insurance affordability programs and to assist with all coverage options. We note that Medicaid and
CHIP eligibility levels and state verification requirements will be available to HHS through the Centers for Medicaid and CHIP Services. These resources should be used to provide state-by-state details on eligibility levels and procedures that should be included in navigator resource materials and linked in the web-based training. Additionally, these materials should specify the states that have adopted the option to cover lawfully-residing immigrant children and pregnant women in Medicaid and CHIP, states which cover all pregnant women, regardless of their immigration status, through the “unborn child” option, and states that have maintained the 90-day waiting period requirement in CHIP. Finally, training and resource materials should be developed to address the unique coverage and eligibility rules for pregnant women. Women eligible for pregnancy-related Medicaid coverage (which is not considered minimum essential coverage) will also have the option to receive tax credits in the Exchange. It is critical that these women be informed about the scope of benefits included in pregnancy-related coverage, as well as their alternative coverage options.

Ensure that navigators are well equipped to deal with special concerns facing immigrant and mixed-status families in a manner that is culturally sensitive and linguistically appropriate. By definition, certain members of mixed-status families will not be eligible for the Exchange, Medicaid, or CHIP. This fact raises several issues of concern: 1) privacy and security in regard to personal information such as Social Security numbers or lack thereof; 2) applicability of the individual responsibility for minimum essential coverage exemption for people who do not qualify for ACA-related coverage; and 3) availability of and access to safety net programs and health services. Research has shown that when some (often one or more parents) in the family cannot access health care, then others (especially children) in the family are less likely to use medical coverage or services.1 It is vital that navigators be able to provide immigrant families with reassurances about what information is needed and how it will be used, clarify who is subject to the individual mandate, and connect uninsured family members to coverage and care. It is also vital that navigators notify families in states that do not expand Medicaid that their children are still eligible for Medicaid up to 138% of the federal poverty level.

Ensure training prepares navigators and other assisters to address the unique needs of children with complex and chronic conditions. These children often need specialized medical and therapeutic services for which coverage and provider networks may differ among health plans. As a result, navigators and other assisters should be trained to

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1 Martha Heberlein, et al., “Medicaid Coverage for Parents Under the Affordable Care Act,” Georgetown University Center for Children and Families, June 2012.


understand and explain the applicable coverage and provider network differences in the qualified health plans offered in the Exchange. In addition, training should address the different state-specific eligibility pathways in Medicaid for various pediatric populations. This information is critically important for children with complex and chronic conditions who may need to receive certain Medicaid services through special Medicaid pathways – such as state options or waivers. Finally, for some children with complex conditions, Medicaid is a secondary payer to private insurance when the private insurance does not cover the necessary services. Therefore, training should prepare navigators and other assisters to understand how Medicaid interacts with premium tax credits.

Thank you for your consideration of our comments. We look forward to collaborating with you as Navigator and non-Navigator training content for families with children is developed and evolves. For questions or concerns, please contact Robert Hall at the American Academy of Pediatrics at 202-724-3309 or rhall@aap.org.

Sincerely,

American Academy of Pediatrics
Children’s Defense Fund
Children’s Hospital Association
Family Voices
First Focus
Georgetown University Center for Children and Families
March of Dimes