



# The Enrollment Coalition

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

## **RE: CMS-9895-P, HHS Notice of Benefit and Payment Parameters for 2025**

On behalf of The Enrollment Coalition, the following comments are in response to the HHS Notice of Benefit and Payment Parameters for 2025. We appreciate the opportunity to respond to this proposed rule.

The Enrollment Coalition is a group of organizations across the health care community, including consumer advocates, patient advocates, health plans, health care providers, employers, and technology and data organizations. Our mission is to collaboratively identify, develop, and advance actionable policy recommendations for federal policymakers aimed at improving enrollment data, systems, and processes to foster the enrollment of uninsured Americans under age 65 into existing health coverage plans and programs for which they are otherwise eligible.

Overall, the Enrollment Coalition appreciates that HHS is considering ways in the Notice of Benefit and Payment Parameters for 2025 to strengthen State-Based Marketplace (SBM) operations and otherwise improve individuals' continuity of coverage. We look forward to working with the Administration to continue to advance these shared goals.

### **Strengthening State-Based Marketplace Operations:**

CMS proposes several provisions to create more robust SBMs including (1) Establishing new requirements for SBM call centers; (2) Creating a gradual transition pathway for states moving from a Federally Facilitated Marketplace (FFM) to an SBM; and (3) Requiring that SBMs must operate a centralized eligibility and enrollment platform on their website.

The establishment of these new requirements will ensure that SBMs are better able to meet the needs of consumers during regular operations and improve the quality of coverage that consumers receive through qualified health plans. The Enrollment Coalition supports these additional standards for SBMs.

### **Special Enrollment Periods:**

CMS proposes that states operating an SBM must align effective coverage dates for consumers enrolling through an SEP with FFM standards. Under this proposal effective coverage date for

consumers who enroll in a qualified health plan during an SEP would be the first day of the month following their selection.

While the Enrollment Coalition supports the goal of the proposal to increase coverage continuity for individuals making plan selections during an SEP, we also have operational concerns. If CMS advances this proposal, we urge the agency to assist qualified health plans to address any operational challenges that come with the alignment of effective coverage dates.

**Automatic Re-Enrollment for Individuals with Catastrophic Coverage:**

CMS proposes to update automatic re-enrollment policies to require all Marketplaces to re-enroll catastrophic plan consumers in a catastrophic plan for the next plan year if they do not actively make a selection during the open enrollment period. The Enrollment Coalition supports this provision to ensure that these consumers do not experience unnecessary gaps in coverage.

**Non-MAGI Eligibility Determinations:**

CMS proposes to provide states with increased flexibility to disregard income and resources requirements for Medicaid eligibility for certain non-MAGI sub-populations, so long as they are sufficiently related to traditional non-MAGI populations (over 65, blind or disabled, etc.) and do not violate other federal statutes. The Enrollment Coalition is supportive of this proposal as it could remove barriers and increase access to coverage for traditionally underinsured and at-risk populations, including people with disabilities.

**Consumer Notice of APTC Risk Due to Failure to Reconcile:**

CMS proposes to require Marketplaces to notify consumers that they may lose their Advance Premium Tax Credit (APTC) due to failure to reconcile, one year after a consumer's failure to reconcile. This proposal builds on the 2024 NBPP modification of APTC rules that consumers would only be denied their APTC after two consecutive years of their failure to reconcile. The Enrollment Coalition supports this proposal as it provides a mechanism to assist consumers in maintaining their APTC eligibility, and thereby their access to coverage.

The Enrollment Coalition greatly appreciates that CMS has proposed several changes in this year's NBPP to address the issue of continuity of coverage for Marketplace consumers.

Thank you for your consideration of these comments.

Sincerely,  
The Enrollment Coalition