

June 9, 2022

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

Dear Administrator Brooks-LaSure:

The National Association of Insurance Commissioners (NAIC), the standard setting organization representing the chief insurance regulators in the 50 states, the District of Columbia, and the United States territories, is writing to you regarding the CMS proposed rule to simplify Medicare enrollment and expand access (**CMS-4199-P**). We applaud the proposed rule and CMS' attempt to simplify the Medicare enrollment process. However, as state insurance regulators, we do have concerns about possible and potential gaps in coverage for beneficiaries.

The new special enrollment periods (SEPs) are good and we are pleased to see CMS recognized the need for an SEP to coordinate with the termination of Medicaid coverage that would allow individuals to enroll after termination of Medicaid eligibility. But beneficiaries trying to get a Medicare Supplement (Medigap) plan may experience gaps in coverage while they try to come up with documentation of their dates of Medicare eligibility and try to coordinate with an application for Medigap, or to join a Medicare Advantage (MA) plan. Since the Social Security Administration (SSA) is in charge of eligibility, we hope there will be coordination between CMS and SSA to minimize the possibility of creating gaps in coverage for Medigap or MA plans and to address the delays of beneficiaries receiving their Medicare cards.

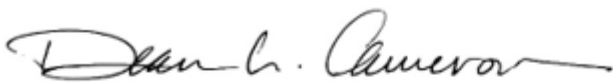
We were pleased with the discussions NAIC staff had with CMS and SSA regarding the inquiry made last year about delay issues of beneficiaries receiving their Medicare cards. As you are aware, the initial application for cards starts with the SSA, not CMS. Both CMS and SSA explained that under the current process SSA mails out (usually initiated by a phone call) the application and receives and processes the application then sends to CMS to send the Medicare card to the enrollee. Because SSA field offices were closed due to the pandemic, almost all applications were being mailed to seniors, then they were required to mail the application and supporting materials back to SSA.

CMS and SSA told NAIC staff they have found that serious mail delays (3-4 weeks for each mailing) have resulted in significant delays in the final application being received by SSA. Once a complete application is received by SSA, it usually takes about 24 hours for the information to

be forwarded to CMS (through daily data dumps) and then CMS mails the card within a day, but mail delivery problems have caused most of the delay problems. CMS and SSA told NAIC staff they have identified some issues on their ends that have delayed the review and approval of applications and transferring to CMS for final action, and they are working to address these issues.

We would like assurances that there will be coordination between CMS and SSA should this proposed rule be made final and implemented and that Federal agencies will work with state insurance regulators to minimize any possible gaps in coverage for beneficiaries.

Sincerely,



Dean L. Cameron
NAIC President
Director
Idaho Department of Insurance



Chlora Lindley-Myers
NAIC President-Elect
Director
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Andrew N. Mais (He/Him/His)
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Jon Godfread
NAIC Secretary-Treasurer
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North Dakota Insurance Department

CC: Social Security Administration (SSA)