September 19, 2013

Gary Cohen, Director
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
200 Independence Avenue SW
Washington DC, 20201

Dear Mr. Cohen:

With the start of open enrollment under the Affordable Care Act (ACA) only days away, we have significant concerns pertaining to the State of Indiana’s required role in supporting the Federal Facilitated Marketplace (FFM). We respectfully request additional guidance on several outstanding issues that could significantly impact our ability to process eligibility applications effectively and in a timely manner.

Per the ACA, state Medicaid programs are required to interface with the FFM to verify eligibility factors such as income and citizenship, as well as to receive applications for individuals that may be eligible for Medicaid. The interface between our application system and the new FFM system is complex and is complicated by the fact that many key components of the FFM system have yet to be fully revealed.

We share your commitment to achieving a timely and successful implementation of the FFM. However, our mutual efforts have been hampered by numerous delays in the issuance of critical regulations and guidelines, in answering inquiries, and in support for mandated systems changes. Contradictory directives from the Centers for Medicare and Medicaid Services (CMS) have impaired our ability to adequately develop required systems changes. Moreover, constant changes to these same directives have made it necessary for us to complete the same work more than once.

In spite of the many challenges throughout this process, Indiana has adjusted accordingly, and we remain steadfast in our commitment to implement the many new and mandatory federal requirements. Our systems are as ready as they can be under the current framework established by CMS. However, several specific outstanding concerns remain.
First, Indiana has not been allowed to adequately perform critical testing of our system with the FFM. It is important that the State be able to test not only routine cases, but also exceptions and variations. This “negative testing” is absolutely essential to ensuring that our systems are both functional and reliable. CMS’s plan to test a limited number of fairly simple and straightforward cases does little to alleviate the potential for failure when more complex circumstances are transferred between our systems.

Furthermore, the current implementation timelines set forth by CMS do not allow for the correction of flaws that will undoubtedly occur with the rollout of a system of this size and scope. These flaws, potentially preventable through more robust testing, may result in increased call wait times and processing times, thereby delaying services for Hoosiers in need.

We also are concerned about the lack of information regarding the post-October 1 release schedule. CMS has indicated to Indiana that certain aspects of its system are temporary in nature and that significant updates will be made later this year and beyond. However, we have yet to receive adequate information on how or when these changes will occur, leaving us with limited ability to plan and or prepare.

Finally, while we have received assurances that personal data shared with CMS will be safe and secure, we have not received sufficient details on how this will be accomplished. Information such as income, telephone numbers, and Social Security Numbers must be protected, and it is necessary for us to understand exactly what safeguards will be in place so that we can work together to ensure that personal data is not compromised.

It is important that we receive clarity on these items so that we can more effectively comply with new ACA mandates that govern the FFM and serve Hoosiers to the best of our ability. We look forward to hearing from you.

Sincerely,

[Signature]

Debra Minott
Secretary