



March 2, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-9916-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the [proposed rule](#) titled, “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans” as published by the Centers for Medicare & Medicaid Services (CMS) in the February 6, 2020 *Federal Register*.

Automatic Reenrollment

This annual rule establishes payment parameters, risk adjustment policies, and makes other policy updates for federally facilitated Exchanges and State-based Exchanges. Without making changes, CMS seeks comments on modifying the automatic re-enrollment process for enrollees who would be automatically re-enrolled with advance payments of the premium tax credit that would cover the enrollee’s entire premium.

To meaningfully provide stakeholders with a stable regulatory environment and while also empowering consumers and ensuing program integrity and affordability, the AAFP implores CMS to continue automatic reenrollment policies.

CMS should continue automatic reenrollment into the same or similar health plan during the open enrollment period regardless of a consumer’s required premium contribution. HHS should avoid policies that lead to disruptions in coverage and lapses in care, both of which ultimately lead to worse outcomes and more costly care. Modifying auto reenrollment policies would destabilize the market and we appreciate the agency preemptively acknowledged that stakeholders are uniformly against the idea of discontinuing auto-reenrollment.

Besides destabilizing the market, discontinuing automatic reenrollment could negatively impact patient care since plan changes disrupt the patient-physician relationship and threaten longitudinal care. Patients could be enrolled into a new plan which could lead to new prior authorization or step therapy hurdles that threaten an otherwise stable medication treatment plan. **Changes to enrollment processes must not delay access to treatments and hinder adherence.** Therefore, the AAFP maintains that, for those enrollees forced into new plans, step therapy should not be mandatory for patients already on a course of treatment.

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In addition to hindering patient care, step therapy adds to the administrative burden of physicians. A 2016 [study](#) published in the *Annals of Internal Medicine* found that primary care physicians spent 27 percent of their time on clinical activities and 49 percent on administrative activities. The authors concluded that primary care physicians spend nearly 50 percent of their time on cumbersome administrative tasks such as prior authorization, performance measurement and reporting, electronic health record documentation, and care management documentation. This inefficiency and time diverted from patient care is clearly not acceptable, and patients should not be required to repeat or retry step therapy protocols failed under previous benefit plans.

Medical Loss Ratio

Citing the desire to improve exchange issuers offering preventive care and wellness services to plan enrollees, the agency proposes allowing those programs to qualify as quality improvement activities for the individual market medical loss ratio (MLR). The AAFP supports MLR policies as they help ensure health care finances are focused on patient care rather than insurer profits. With patient care in mind, we encourage CMS to carefully monitor and correct potential unintended consequences with this change.

Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 or rbennett@aafp.org with any questions or to engage the AAFP further.

Sincerely,

A handwritten signature in black ink, appearing to read "John S. Cullen". The signature is fluid and cursive, with a long horizontal stroke at the end.

John S. Cullen, MD, FAAFP
Board Chair