

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

CITY OF CHICAGO,

Plaintiff,

vs.

Case No. 1:20-cv-1566 (TJK)

ALEX M. AZAR, II, in his official capacity
as Secretary of the United States
Department of Health and Human
Services, et al.,

Defendants.

DECLARATION OF RANDOLPH W. PATE

I, Randolph W. Pate, declare as follows:

1. I am the Deputy Administrator of the Centers for Medicare & Medicaid Services (CMS) and the Director of the Center for Consumer Information & Insurance Oversight (CCIIO), CMS, United States Department of Health and Human Services (HHS or Department). I have held these positions since April 2017. In these roles, I am responsible for overseeing the development and implementation of regulations and policy relative to American Health Benefit Exchanges (Exchanges) established under the Patient Protection and Affordable Care Act (ACA), §§ 1311, 1321 (42 U.S.C. §§ 18031, 18041). My duties include overseeing the implementation of rules and policy governing special enrollment periods for consumers who wish to enroll in qualified health plans (QHPs) offered through Exchanges operated by the federal government (Federally-facilitated Exchanges or FFEs) and in Exchanges operated by states that rely on HealthCare.gov, the federal government's information technology platform

that supports Exchange eligibility and enrollment activities (State-based Exchanges on the Federal Platform or SBE-FPs).

2. The statements made in this declaration are based on my personal knowledge, information contained in agency files, and information furnished to me in the course of my official duties.

3. Generally speaking, the ACA allows a qualified individual to enroll in individual market coverage only during an annual Open Enrollment Period (OEP) or a special enrollment period (SEP) for which an individual qualifies. The purpose of restricting enrollment in this manner is to accommodate two provisions central to the ACA: guaranteed issue and community rating. The ACA's guaranteed issue provision requires issuers of individual market plans to provide coverage to all consumers, regardless of health status, age, gender, or other factors that might predict the use of health services. The ACA's community rating provision limits the factors issuers may use to set premium levels for individual consumers; for example, health status is not included as an allowable rating factor. Together, these provisions require issuers to sell individual market health coverage to any consumer seeking coverage and prohibits them from charging a higher premium based on consumer health status. Instead, issuers must price based on the expected health of the overall risk pool.

4. If enrollment were not limited to annual and special enrollment periods, but instead people were allowed to enroll at any time during the year, the operation of the ACA's guaranteed issue and community rating requirements would allow people to wait until they get sick to purchase insurance, a phenomenon generally known in the insurance industry as adverse selection. Over time, this type of adverse selection would increase the expected risk of the insured pool and would force issuers to raise their premiums to account for the higher risk. This,

in turn, would result in more adverse selection as healthier people opted not to buy coverage until they needed care. As the American Academy of Actuaries has explained, “[a]dverse selection increases premiums for everyone in a health insurance plan or market because it results in a pool of enrollees with higher-than-average health care costs . . . [and] is a byproduct of a voluntary health insurance market in which people can choose whether and when to purchase insurance coverage, depending in part on how their anticipated health care needs compare with the insurance premium charged.” American Academy of Actuaries, *Risk Pooling: How Health Insurance in the Individual Market Works*, at 1 (July 2017), available at <https://www.actuary.org/sites/default/files/files/publications/RiskPoolingFAQ071417.pdf>.

Accordingly, if adverse selection were allowed to continue unchecked, the premiums issuers would need to charge to cover the costs for the higher risk would rise to unaffordable levels, and the market would then no longer be viable. Accordingly, the ACA’s guaranteed issue and community rating requirements together create a need to prevent adverse selection and protect the risk pool. By preventing people from enrolling in the middle of the year except for certain, limited reasons, the statutory annual OEP and special enrollment periods are key provisions designed to mitigate adverse selection. See ACA § 1311(c)(6) (42 U.S.C. § 18031(c)(6)).

5. The importance of preventing adverse selection and maintaining affordable premiums became evident when enrollment of individuals who did not qualify for the ACA’s premium tax credits (and therefore paid the full cost of the premium) dropped by 2.5 million people (a 40 percent drop nationally) over a two-year period from 2016 to 2018. CMS, *Trends in Subsidized and Unsubsidized Enrollment*, at 1 (August 12, 2019), available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Trends-Subsidized-Unsubsidized-Enrollment-BY17-18.pdf>. During this

time, consumers paying the highest out-of-pocket premiums began dropping their health insurance coverage; as a result, the nationwide average premiums per member per month increased by about 21 percent in 2017. As stated in a July 2019 report issued by CMS, “[w]hile the magnitude of the increase varied significantly across states, those with larger increases in average premiums tended to experience larger declines in enrollment in 2017.” CMS, *Summary Report on Permanent Risk Adjustment Transfers for the 2017 Benefit Year*, at 5 (July 9, 2018), available at <https://downloads.cms.gov/cciio/Summary-Report-Risk-Adjustment-2017.pdf>.

These trends continued in 2018 and show the strong correlation between declining enrollment and rising premiums. CMS, *Summary Report on Permanent Risk Adjustment Transfers for the 2018 Benefit Year*, at 6 (June 28, 2019), available at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Summary-Report-Risk-Adjustment-2018.pdf>.

6. To mitigate adverse selection, the Exchanges offer special enrollment periods only to qualified individuals or enrollees who experience specified qualifying life events outside the annual OEP. *See* 45 C.F.R. § 155.420(d). Special enrollment periods exist to ensure that people who lose health coverage during the year (for example, through non-voluntary loss of minimum essential coverage provided through an employer), or who experience other qualifying events such as marriage or the birth or adoption of a child, have the opportunity to enroll in new coverage or make changes to their existing coverage. While the annual open enrollment period allows previously uninsured individuals to enroll in new coverage, special enrollment periods are intended, in part, to promote continuous enrollment in health coverage during the plan year by allowing those who were previously enrolled in a health plan to obtain new coverage without experiencing a lapse or gap in coverage. *See* 82 Fed. Reg. 10,980, 10,984 (Feb. 17, 2017)

(proposed rule). Recognizing the important role enrollment periods play in mitigating adverse selection and market stability, CMS issued the Market Stabilization Rule in 2017 to increase the incentives for individuals to maintain enrollment in health coverage and decrease the incentives for individuals to enroll only after they discover they require medical services. 82 Fed. Reg. 18,346 (April 14, 2017). The rule required individuals to enroll in coverage prior to the beginning of the plan year. *Id.* The rule also increased pre-enrollment verification of SEP eligibility in response to concerns from issuers about potential misuse and abuse of SEPs to enroll in coverage after individuals realize they will need medical services. *Id.*

7. There are 14 different categories of triggering events for special enrollment periods, including, for example, loss of minimum essential coverage (such as might occur through job loss), gaining or becoming a dependent, new eligibility for enrollment, new eligibility of an enrollee for premium tax credits, error or misconduct by HHS, contract violations by a health plan, moving to a location where new QHPs become available, gaining status as an Indian, domestic abuse, and a material error in purchasing. 45 C.F.R. § 155.420(d). Beyond these specifically described events, the regulations provide for a triggering event when “[t]he qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide.” *Id.* § 155.420(d)(9). As the Department explained when codifying § 155.420(d)(9), this special enrollment period for exceptional circumstances is intended to address exceptional circumstances that would impede an individual’s ability to enroll in QHP coverage on a timely basis, through no fault of her own. *See* 76 Fed. Reg. 41,866, 41,884 (July 15, 2011) (proposed rule).

8. In March 2020, the Department began considering whether to offer an exceptional circumstances SEP under 45 C.F.R. § 155.420(d)(9) due to the COVID-19 public health emergency (COVID-19 SEP) to allow enrollment in QHPs through the FFEs and SBE-FPs. As of the date of this declaration, there are 13 State-based Exchanges and six SBE-FPs while residents in 32 states use an FFE. Illinois has not established a State-based Exchange. From that time through the present, the Department received input from multiple stakeholders about this issue, including the governor and attorney general of Illinois. *See* AR 0956-0959, 0994-0995 1006-1010. To the extent issuers offered support for a COVID-19 SEP, this support was largely contingent on the COVID-19 SEP being coupled with risk mitigation funding. *See, e.g.,* BlueCross BlueShield Association, Regulatory Recommendations Related to COVID-19, March 25, 2019. AR 0906.

9. Opening up a COVID-19 SEP would substantially loosen the protections the existing SEP policy provides for the individual market risk pool provided through the statute and subsequent regulatory actions and potentially increase adverse selection in market. Such a special enrollment period would reflect an entirely new approach to administering special enrollment periods under the ACA by allowing any individual to access the special enrollment period as an exceptional circumstance regardless of their individual circumstances. Furthermore, this new application of an exceptional circumstance special enrollment period would be introduced during the middle of a plan year and, in effect, change the market rules for issuers mid-stream.

10. The Department is not offering a COVID-19 exceptional circumstances SEP at this time for uninsured individuals who did not timely enroll during the previous Open Enrollment Period, as it has communicated to state officials who have inquired. While granting

an SEP related to a public health event such as COVID-19 would be in tension with ordinary insurance principles and would increase adverse selection risk, HHS has not foreclosed exercising its discretion to open an SEP in response to COVID-19, and HHS continues to consider whether to offer a COVID-19 SEP in the future.

11. Other existing SEPs remain available to permit individuals to sign up for health care coverage when they, for example, have lost their job-related minimum essential coverage (MEC) or experienced another qualifying life event. *See* 45 C.F.R. § 155.420(d). During the COVID-19 public health emergency, these special enrollment periods have permitted large numbers of people to purchase health insurance. *See* AR 0575-0588. The Department also recently issued guidance regarding an exceptional circumstances SEP that is already available for individuals seeking coverage through an Exchange using the HealthCare.gov platform who were prevented from enrolling in Exchange coverage during another SEP or during an open enrollment period (OEP) by an event that the Federal Emergency Management Agency (FEMA) declared a national emergency or major disaster (“FEMA SEP”). In the guidance, the Department clarified that the FEMA SEP is available for individuals who were prevented from enrolling in coverage through an Exchange using the HealthCare.gov platform during an otherwise available special enrollment period by the impacts of the COVID-19 public health emergency. *See* CMS, *Marketplace coverage & Coronavirus*, available at <https://www.healthcare.gov/coronavirus> (last visited July 20, 2020) (“If you qualified for a Special Enrollment Period but missed the deadline due to COVID-19 (like if you were sick with COVID-19 or were caring for someone who was sick with COVID-19), you may be eligible for another Special Enrollment Period). FEMA has recognized COVID-19 as a national emergency and major disaster in every state, territory, and the District of Columbia. *See* FEMA, *Disaster*

Declarations by Year, 2020, available at <https://www.fema.gov/disasters/year/2020> (last visited July 20, 2020). Furthermore, the Department has updated the HealthCare.gov website with this guidance to make it easier for certain individuals to access the FEMA SEP and to help consumers find important information on how best to access other available SEP opportunities. *See CMS, Marketplace coverage & Coronavirus, available at <https://www.healthcare.gov/coronavirus>* (last visited July 20, 2020). The FEMA SEP allows individuals to request retroactive coverage back to the date that would have applied if the individual had selected a plan during their original missed enrollment opportunity. *See* 45 C.F.R. 155.420(b)(2)(iii); AR 0516. To accommodate operational issues presented by the COVID-19 public health emergency, the Department also temporarily suspended its verification program under which applicants for SEPs – including the FEMA SEP – may be required to provide documentation supporting their eligibility for an SEP, which also helped to expedite consumers’ enrollment through SEPs. *See* AR 0582. Even though the temporary suspension of the SEP verification program was lifted on July 16, 2020, applicants for the FEMA SEP are only required to attest that they meet the eligibility requirements for the FEMA SEP, which a caseworker will evaluate. *See* AR 0515, 0518.

12. HHS also is offering direct reimbursements to health care providers who have conducted COVID-19 testing or provided treatment to uninsured individuals with COVID-19. In the Families First Coronavirus Response Act (FFCRA), Congress appropriated \$1 billion to the Department’s Public Health and Social Services Emergency Fund to reimburse providers for COVID-19 testing of uninsured individuals. *See* Pub. L. No. 116-12, 134 Stat. 177, 182 (Mar. 18, 2020). The Paycheck Protection Program and Health Care Enhancement Act (PPP Act) added an additional \$1 billion designated to cover the costs of COVID-19 testing of the

uninsured. *See* Pub. L. No. 116-139, 134 Stat. 620, 622-23 (Apr. 24, 2020). The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided \$100 billion for COVID-19-related healthcare expenses and provider lost revenue that are not eligible for reimbursement from other sources; the PPP Act added an additional \$75 billion. *See* Pub. L. No: 116-136, 134 Stat. 281, 563 (Mar. 27, 2020); *see* PPP Act, 134 Stat. at 622-23. HHS chose to allocate a portion of this funding to cover the claims of healthcare providers who administered COVID-19 treatment to uninsured individuals. *See* CARES Act, 134 Stat. at 563. Through a portal, health care providers can request claims reimbursement electronically and receive reimbursement for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis. This functionality helps to ensure that providers are timely compensated for testing and treating uninsured individuals for COVID-19, which helps to ensure the continued availability of COVID-19 testing and treatment to the uninsured.

13. In light of these and other factors, it is my understanding that the Administration currently believes that granting a broad special enrollment period to all uninsured individuals is not an appropriate remedy for dealing with the problem of uncompensated COVID-19-related healthcare costs for the uninsured. Such a broad special enrollment period would significantly increase the risk of adverse selection and could be particularly problematic where it required issuers to provide retroactive coverage. This would allow and may encourage individuals in this group who had large medical expenses (whether related to COVID-19 or not) during the period of retroactive coverage to sign up for insurance and pass on those expenses to the single risk pool. In addition to posing current financial risks to issuers and market stability, this also poses a risk of increasing future health insurance costs for consumers, as issuers could significantly increase premiums for the next coverage year or withdraw from some insurance markets, thereby

decreasing competition, increasing prices, and lowering the quality of insurance coverage for consumers. Given that COVID-19 presents a national health emergency, a COVID-19 SEP also could have caused significant increases in administrative costs connected with the increased enrollment activity, as well as significant logistical challenges, because the FFE's call centers and customer service representatives, as well as FFE enrollment assisters such as Navigators and Certified Application Counselors, were in the midst of converting to telework platforms as a result of the COVID-19 public health emergency.

14. Unlike a COVID-19 SEP, currently available SEPs offer many people who have lost coverage due to the COVID-19 public health emergency the opportunity to maintain continuous enrollment in coverage without causing an unforeseeable and substantial increase in adverse selection risk. And, again unlike a COVID-19 SEP, directly compensating providers for uncompensated COVID-19-related care targets aid directly at those who have provably suffered from COVID-19 (or, in the case of testing, those who are seeking to determine if they are suffering from COVID-19) and the costs of care to treat that suffering.

15. Given the availability of other SEPs and reimbursement options, the significant adverse selection risk presented by a COVID-19 SEP, and the related negative impacts on the individual market risk pool and market stability, it is my understanding the Administration determined that current information does not establish that a COVID-19 SEP is warranted at this time. That conclusion could change in the future, depending, for example, on the availability of reimbursement funds, overall costs, and whether there is data suggesting that the COVID-19 public health emergency has impeded consumers' ability to enroll in individual market coverage.

16. To the best of my knowledge, the documents listed in the index accompanying this declaration constitute a true and accurate copy of materials that the Department has considered in evaluating whether to establish a COVID-19 SEP.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed this 20th day of July, 2020, in Arlington, Virginia.



Randolph W. Pate

Index of Materials Considered When Deciding Whether to Establish an Exceptional-Circumstances SEP on Exchanges Using the HealthCare.gov Platform Due to the COVID-19 Public Health Emergency

Bates Number	Description
<i>I. Federal Register Documents and Agency Guidance and Publications</i>	
0001-0120	Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans, Proposed Rule, 76 Fed. Reg. 41,866 (July 15, 2011)
0121-0419	Patient Protection and Affordable Care Act; Establishment of Exchange and Qualified Health Plans, Final Rule and Interim Final Rule, 77 Fed. Reg. 18,310 (Mar. 27, 2012)
0420-0480	Patient Protection and Affordable Care Act; Market Stabilization, Final Rule, 82 Fed. Reg. 18,346 (Apr. 18, 2017)
0481-0514	CMS Manual, Federally-facilitated Exchange (FfEs) and Federally-facilitated Small Business Health Options Program (FF-SHOP) Enrollment Manual Excerpts (July 2019)
0515-0519	Memo from Deputy Administrator/Director Randy Pate, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight, to All Federally-facilitated Exchange (FFE) Qualified Health Plan (QHP) and Stand-alone Dental Plan Issuers (Aug. 9, 2018)
0520-0524	HealthCare.gov, <i>Special Enrollment Period</i> (July 13, 2020)
0525-0528	Federal Emergency Management Agency, <i>President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19</i> , Release Number: HQ-20-017 (Mar. 13, 2020)
0529-0532	U.S. Department of Health and Human Services Press Release, <i>HHS Announces Additional Allocations of CARES Act Provider Relief Fund</i> (Apr. 22, 2020)
0533-0534	U.S. Department of Health and Human Services Press Release, <i>HHS Launches COVID-19 Uninsured Program Portal</i> (Apr. 27, 2020)
0535-0542	Centers for Medicare & Medicaid Services, <i>Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic</i> (Apr. 30, 2020)
0543-0545	CMS News Alert (May 19, 2020)
0546-0547	Centers for Medicare & Medicaid Services, <i>FAQs on Essential Health Benefit Coverage and the coronavirus</i> (Mar. 12, 2020)
0548-0549	Centers for Medicare & Medicaid Services, <i>Information Related to COVID-19 Individual and Small Group Market Insurance Coverage</i> (Mar. 5, 2020)
0550-0557	Centers for Medicare & Medicaid Services, <i>Current Emergencies – Coronavirus 2019</i> (accessed July 13, 2020)
0558-0562	HealthCare.gov, <i>Marketplace Coverage & Coronavirus</i> (accessed July 10, 2020)
0563-0564	HealthCare.gov, <i>Affordable Coverage</i> (accessed July 14, 2020)

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0565-0567	HealthCare.gov, <i>COBRA coverage and the Marketplace</i> (accessed July 14, 2020)
0568-0570	HealthCare.gov, <i>How to change, update, or cancel your Marketplace plan</i> (accessed July 14, 2020)
0571-0574	HealthCare.gov, <i>The Marketplace in your state</i> (accessed July 13, 2020)
II. SEP-Related and Other Relevant Data	
0575-0576	Centers for Medicare & Medicaid Services, <i>CMS Issues Special Trends Report on Health Insurance Exchange Enrollment Data During COVID-19</i> (June 25, 2020)
0577-0581	Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight, <i>Special Trends Report: Enrollment Data and Coverage Options for Consumers During the COVID-19 Public Health Emergency</i> (June 2020)
0582-0588	CMS Report for House Oversight Committee, <i>Consumers in States Using the Federal Exchange Platform Who Gained Coverage Through A Special Enrollment Period End of Open Enrollment Period through May, Plan Years 2017-2020</i> (June 25, 2020)
0589-0630	Congressional Budget Office, <i>Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2019 to 2029</i> (May 2019)
0631-0644	U.S. Bureau of Labor Statistics, <i>FAQs: The impact of the coronavirus (COVID-19) pandemic on The Employment Situation for April 2020</i> (May 8, 2020)
0645-0648	White House Council of Economic Advisers, <i>April's Job Losses Show Many Workers Are Still Connected to Their Employers</i> (May 8, 2020)
0649-0690	U.S. Bureau of Labor Statistics, <i>The Employment Situation —May 2020</i> (June 5, 2020)
0691-0692	Chart: State vs. FFE SEPs (May 20, 2020)
III. Public Correspondence and Input	
0693-0698	Jason Matheny et al., <i>Financial Effects of an Influenza Pandemic on US Hospitals</i> (2007)
0699-0716	Sabina Braithwaite et al., <i>Microsimulation of Financial Impact of Demand Surge on Hospitals: The H1N1 Influenza Pandemic of Fall 2009</i> (Apr. 2013)
0717-0725	Kendal Orgera, and Anthony Damico, <i>The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid</i> by Rachel Garfield (Jan. 14, 2020)
0726-0729	DC Health Benefit Exchange Authority, <i>DC Health Link to Offer Even More Opportunities for Residents to Get Covered</i> (Feb. 11, 2020)
0730-0733	Washington Health Benefit Exchange, <i>Washington Healthplanfinder Announces Special Enrollment Period in Response to Growing Coronavirus Outbreak</i> (Mar. 10, 2020)
0734-0739	Massachusetts Health Connector, <i>Massachusetts Health Connector offers extended enrollment for uninsured individuals to ease coronavirus fears</i> (with Administrative Information Bulletin 02-20) (Mar. 11, 2020)

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0740-0748	AHIP Tracking State Activities on the Coronavirus (Mar. 12, 2020)
0749	Email to Secretary Alex M. Azar II and Assistant Secretary Lance Robertson, U.S. Department of Health and Human Services (Mar. 12, 2020)
0750-0759	Howard P. Forman et al., Health Affairs Blog, <i>Health Care Priorities for a COVID-19 Stimulus Bill: Recommendations to the Administration, Congress, and Other Federal, State and Local Leaders from Public Health, Medical, Policy and Legal Experts</i> (Mar. 12, 2020)
0760-0762	Press Release, <i>Whitmer Administration Expands Telemedicine, Urges President Trump to Permit ACA Special Enrollment Period During COVID-19</i> (Mar. 12, 2020)
0763-0766	Letter from U.S. Senators Reed, Stabenow, et al. to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicaid & Medicare Services (Mar. 12, 2020)
0767-0770	Letter from Congressman Lloyd Doggett to Secretary Alex M. Azar II, U.S. Department of Health and Human Services (Mar. 13, 2020)
0771-0772	Media Release, Maryland Health Exchange, <i>Special Enrollment Opens Next Week During Maryland's Coronavirus State of Emergency</i> (Mar. 13, 2020)
0773-0777	Mary Ellen McIntire & Lauren Clason, Roll Call, <i>States reopen insurance enrollment as coronavirus spreads</i> (Mar. 13, 2020)
0778-0782	Media Release, Washington Health Benefit Exchange, <i>Special Enrollment Period</i> (Mar. 13, 2020)
0783-0787	Media Release, HealthSource RI, <i>Special Enrollment due to COVID-19</i> (Mar. 13, 2020)
0788	Letter from Jeffrey Bustamante, CEO, beWellnm, New Mexico's Health Insurance Exchange, to Centers for Medicaid & Medicare Services, Department of Health and Human Services (Mar. 15, 2020)
0789-0790	Press Release, <i>Governor Murphy Requests Federal Government Re-Open Affordable Care Act Enrollment in New Jersey in Response to COVID-19</i> (Mar. 15, 2020)
0791-0792	Letter from N.J. Governor Philip D. Murphy to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicaid & Medicare Services (Mar. 15, 2020)
0793-0797	Email with COVID-19 recommendations from BlueCross BlueShield Association and America's Health Insurance Plans, with attachments (<i>Draft, Assuring Access to Affordable Coverage in Response to COVID-19; COVID19 Policy Recommendations</i>) (Mar. 16, 2020)
0798-0806	Letter from Richard J. Pollack, President and CEO, American Hospital Association, to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, with attachment (Mar. 16, 2020)
0807-0809	Email from Gabriel McGlamery, Florida Blue to Kelly O'Brien, CMS/CIIO (Mar. 16, 2020)
0810-0811	NY State of Health & N.Y. State Department of Financial Services, <i>NY State of Health and New York State Department of Financial Services Announce Special Enrollment Period for Uninsured New Yorkers, as Novel Coronavirus Cases Climb</i> (Mar. 16, 2020)

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0812-0813	Email from Kelly O'Brien, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight, to J. Gabriel McGlamery, Sr. Health Policy Consultant, Florida Blue (Mar. 16, 2020)
0814-0815	Letter from Pa. Governor Tom Wolf to Secretary Alex M. Azar II, U.S. Department of Health and Human Services (Mar. 16, 2020)
0816-0817	Nevada Health Link, <i>Silver State Health Insurance Exchange Announces Exceptional Circumstance Special Enrollment Period on Nevada Health Link</i> (Mar. 17, 2020)
0818	Email from Deputy Administrator/Director Randy Pate, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight, to Jeanette Thornton, Senior Vice President, America's Health Insurance Plans (Mar. 17, 2020)
0819-0821	Access Health CT, <i>Access Health CT Announces A New Special Enrollment Period for Uninsured Connecticut Residents</i> (Mar. 18, 2020)
0822	Letter from N.H. Governor Christopher T. Sununu to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicare & Medicaid Services (Mar. 18, 2020)
0823-0824	Email from Gabriel McGlamery, Sr. Health Policy Consultant, Florida Blue to Kelly O'Brien, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight (Mar. 18, 2020)
0825-0826	Letter from Ceci Connolly, President and CEO, Alliance of Community Health Plans, to Administrator Seema Verma, Centers for Medicare & Medicaid Services (Mar. 19, 2020)
0827-0829	Letter from America's Health Insurance Plans and BlueCross BlueShield Association to Senate Majority Leader Mitch McConnell, Senate Democratic Leader Charles Schumer, et al. (Mar. 19, 2020)
0830-0832	Press Release, <i>Uninsured Coloradans Can Enroll during a Special Enrollment Period in Response to COVID-19 Outbreak</i> (Mar. 19, 2020)
0833-0835	Email from Elizabeth Goodman, Executive Vice President of Government Affairs and Innovation, America's Health Insurance Plans, to Sarah Arbes and Sara Morse, U.S. Department of Health and Human Services, Assistant Secretary for Legislation, with attachment (<i>Assuring Access to Coverage and Care during the COVID-19 Crisis</i>) (Mar. 19, 2020)
0836-0837	Email from Neil A. Heller, Chief Marketing Officer, Piedmont Community Health Plan, to legislative aides for Congressman Ben Cline and U.S. Senators Mark Warner and Tim Kaine (Mar. 19, 2020)
0838-0840	Email from Gabriel McGlamery, Sr. Health Policy Consultant, Florida Blue, to Kelly O'Brien, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight (Mar. 19, 2020)
0841-0845	Covered California & California Department of Health Care Services, <i>California Responds to COVID-19 Emergency by Providing Path to Coverage for Millions of Californians</i> (Mar. 20, 2020)
0846-0847	Letter from Lee Umphrey, Board Chair, & Ann Woloson, Executive Director, Consumers for Affordable Health Care, to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicare & Medicaid Services (Mar. 20, 2020)

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0848-0854	Email from Matthew Eyles, President & CEO, America's Health Insurance Plans, to Jim Parker, U.S. Department of Health and Human Services, Immediate Office of the Secretary, with attachment (<i>Administrative Actions to Address COVID-19</i>) (Mar. 20, 2020)
0855-0858	MNsure, <i>MNsure Announces Special Enrollment Period for Uninsured Minnesotans in Response to Growing COVID-19 Concerns</i> (Mar. 20, 2020)
0859-0860	Email re: AHIP and NAIC call notes (Mar. 20, 2020)
0861-0868	Letter to Secretary Alex M. Azar II, U.S. Department of Health and Human Services; Administrator Seema Verma, Centers for Medicare & Medicaid Services; and Vice President Mike Pence from 1,000 Days et al. (Mar. 20, 2020)
0869-0872	Email from Justine Handelman, Senior Vice President, BlueCross BlueShield Association, to Jim Parker, U.S. Department of Health and Human Services, Immediate Office of the Secretary with attachment (Legislative Language: Excess Loss Protection for Plans Covering COVID-19 testing and treatment) (Mar. 21, 2020)
0873-0876	Email from Meg Murray, CEO, Association for Community Affiliated Plans, to Jim Parker, U.S. Department of Health and Human Services, Immediate Office of the Secretary (Mar. 23, 2020)
0877-0878	Letter from David Shaw, Chairman of the Board, beWellnm, New Mexico's Health Insurance Exchange, to Vice President Mike Pence (Mar. 23, 2020)
0879	Letter from Oregon Governor Kate Brown to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicare & Medicaid Services (Mar. 23, 2020)
0880	Letter from Congressman Ben Cline to Maria Martino, Director of Congressional Affairs, Centers for Medicare & Medicaid Services (Mar. 23, 2020)
0881-0894	Email from Kelly Green, Director of External Affairs, Covered California with attachments (<i>The Potential National Health Cost Impact to Consumers, Employers and Insurers Due to the Coronavirus (COVID-19)</i> ; <i>Covered California Releases the First National Projection of the Coronavirus (COVID-19) Pandemic's Cost to Millions of Americans With Employer or Individual Insurance Coverage</i>) (Mar. 23, 2020)
0895-0896	DC Health Benefit Exchange Authority, <i>DC Residents Without Health Insurance Can Get Covered Now</i> (Mar. 24, 2020)
0897-0898	Jon Kingsdale & Jon Gruber, <i>How to Adapt ACA Marketplace to COVID-19</i> (Mar. 23, 2020)
0899-0900	Letter from Michael A. Slubowski, FACHE, FACMPE, President and CEO, Trinity Health, to President Donald J. Trump (Mar. 24, 2020)
0901	Email from Justine Handelman to Jim Parker and Nick Uehlecke, U.S. Department of Health and Human Services, Immediate Office of the Secretary (Mar. 25, 2020)
0902-0908	BlueCross BlueShield Association, <i>Regulatory Recommendations Related to COVID-2019</i> (Mar. 25, 2020)
0909-0913	News Release, <i>Governor Ducey Requests Special Health Care Enrollment Period</i> (Mar. 25, 2020)
0914	Letter from Az. Governor Douglas Ducey to Secretary Alex M. Azar II, U.S. Department of Health and Human Services (Mar. 25, 2020)

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0917-0920	Email from Veronica Johnson, CMS/CCIIO to Cable Hogue and Shilpa Gogna (Mar. 30, 2020)
0921-0924	Email from Ernest Tai to Erin Klug, Mary Boatwright, et al. (Mar. 31, 2020)
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0930-0938	Email from John Kaelin, Centene Corp., to Deputy Administrator/Director Randy Pate, Centers for Medicare & Medicaid Services, Center for Consumer Information and Insurance Oversight, Anand Shukla, et al. with attachments (<i>COVID-19 Special Enrollment Periods Across States; Grace Period Activity across Centene Markets in Response to COVID-19 Emergency; Marketplace, COVID-19: Cause, Effect & Intervention</i>) (Mar. 31, 2020)
0939-0940	Letter from Oregon Congressional Delegation to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicare & Medicaid Services (Mar. 31, 2020)
0941-0942	Letter from Maine Legislature to Secretary Alex M. Azar II, U.S. Department of Health and Human Services; Administrator Seema Verma, Centers for Medicare & Medicaid Services (Apr. 1, 2020)
0943	Media Release via Email from Robin Walker, <i>FGA Praises Trump Administration Decision to Not Re-open ACA Exchanges</i> (Apr. 1, 2020)
0944	Letter from Congresswoman Abby Finkenauer to Secretary Alex M. Azar II, U.S. Department of Health and Human Services (Apr. 1, 2020)
0945	Email from Justine Handelman, Senior Vice President, BlueCross BlueShield Association, to Jim Parker, U.S. Department of Health and Human Services, Immediate Office of the Secretary (Apr. 2, 2020)
0946-0947	Richard J. Pollack, President & CEO, American Hospital Association, <i>AHA Statement on the Use of the CARES Act</i> (Apr. 3, 2020)
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1067-1068	Letter from Congressman Robert C. Scott & Congresswoman Patty Murray to Secretary Alex M. Azar II, U.S. Department of Health and Human Services (May 19, 2020)
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1084-1086	Letter from Congressman Frank Pallone, Jr.; Congressman Robert C. Scott; et al. to Secretary Alex M. Azar II, U.S. Department of Health and Human Services, & Administrator Seema Verma, Centers for Medicare & Medicaid Services (June 15, 2020)
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1091-1094	California Exchange, <i>Special-Enrollment Period Due to Coronavirus Now Available</i> (accessed July 13, 2020)
1095-1201	America's Health Insurance Plans, <i>Health Insurance Providers Respond To Coronavirus (COVID-19)</i> (accessed July 13, 2020)
1202-1207	Vermont Health Connect website, SEP (accessed July 16, 2020)