December 24, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–9936–NC
P.O. Box 8010
Baltimore, MD 21244–1810


Submitted electronically via www.regulations.gov

Dear Administrator Verma,

UnityPoint Health (“UPH”) appreciates this opportunity to provide feedback on the proposed guidance. UPH is one of the nation’s most integrated healthcare systems. Through more than 30,000 employees and our relationships with more than 290 physician clinics, 38 hospitals in metropolitan and rural communities and 15 home health agencies throughout our 9 regions, UPH provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 6.2 million patient visits.

UPH appreciates the time and effort of CMS in developing and proposing this guidance and respectfully offers the following comments.

GENERAL COMMENTS

CMS is proposing revised guidelines to authorize further flexibilities to enable states to provide increased access to affordable private market coverage; encourage sustainable spending growth; foster state innovation; support and empower those in need; and promote consumer-driven healthcare. Among potential innovative ideas that states may tailor to the needs of their residents, CMS has suggested account-based subsidies, state-specific premium assistance, adjusted plan options and risk stabilization strategies.

- **Comment**: As the healthcare provider, we are committed to facilitating access to healthcare and are encouraged by efforts to fortify the stability of individual market risk pools and encourage greater enrollment. In general, UPH supports efforts to provide our states with operational flexibility to meet the needs of their residents. We believe these flexibilities should have the goals of encouraging market competition, providing market support mechanisms and enabling risk pools to be right sized.
In 2017, the State of Iowa submitted a Section 1332 Waiver application, entitled the Iowa Stopgap Measure.¹ This proposal provided for age- and income-based premium support and utilized a reinsurance mechanism for costly medical claims. Subsequently, this proposal was withdrawn by the State as the Section 1332 Waiver itself was an “unworkable” means to address Iowa’s “collapsing individual health insurance markets created by the Affordable Care Act.”² We believe that this proposed rule would have permitted the solution put forth by the State of Iowa for its residents and will allow states in the future to tailor solutions to address their individual market environments.

We are pleased to offer feedback to the proposed guidance and its impact on our patients and integrated healthcare system. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President, Government and External Affairs at sabra.rosener@unitypoint.org or 515-205-1206.

Sincerely,

Sabra Rosener
VP, Government & External Affairs
UnityPoint Health

¹ https://iid.iowa.gov/documents/state-of-iowa-1332-waiver-submission