Access Health CT (AHCT) comments on CMS-10433 (Federal Register / Vol. 78, No. 212 / Friday, November 1, 2013)

Template Name	Field	Comment
Administrative Template	14. Third Party Administrator(s): Enrollment* Claims Processing* Edge Server Host*	Access Health CT recommends including a drop down list box with "Yes / No" choices in order to know definitively whether the Issuer has a vendor for these services, with system logic added to display "Not Applicable" when a vendor is not used; this would eliminate any doubt as to whether an item was simply not completed erroneously.
Essential Community Provider Template	N/A	Access Health CT has developed stringent standards related to ECP adequacy and requests confirmation that a State Based Marketplace has the flexibility to not require this version of an ECP listing, and that the Plan Management system within SERFF will not be impacted if it is omitted.
Network Template	Network Name, Network ID, Network URL, Dental Network URL	Access Health CT requests confirmation that a Plan Type of "Indemnity" as entered in the Plans Benefits Template (for either medical or dental coverage) will not result in these fields being required in this template.
Network Template	Network Name, Network ID, Network URL, Dental Network URL	Access Health CT recommends revising this template to accommodate dental only submissions; this could result in eliminating the separate data field for Dental URL and using the "Network URL" field to capture this information for either medical or dental; alternatively, the template should reflect that the Dental URL field is mandatory for dental plan types (excluding indemnity).
Provider File	N/A	Access Health CT requests information on what data elements are to be collected in this new template in addition to those outlined in the Supporting Statement (i.e., provider name, county, and type); Understanding the anticipated use for the data would be helpful in determining whether additional fields are necessary.
Prescription Drug Formulary Template	Formulary Tiers tab	Access Health CT recommends adding a field called "Tier Name" with Issuer completing the tier name used in marketing materials via free format text; this would give the Marketplace the ability to utilize this field to display naming convention for these benefits that is consistent with what Issuer uses.

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Template Name	Field	Comment
Prescription Drug Formulary Template	Drug Lists tab: Medical Drug Covered Under Medical Benefit/ Preventive Drug Covered at $0 Cost	Access Health CT recommends using two different fields to identify whether a particular RxCUI is included under the medical plan or if it is subject to $0 copay under the Prescription Drug benefit since these items are distinct data elements.
Plans and Benefits Template	N/A	Access Health CT requests confirmation that it will continue to be optional to include benefit information for Off Exchange plans within the template.
Plans and Benefits Template	Benefits Package Tab: Out of Network Coverage	Access Health CT requests confirmation that response of "No" for this field will result in the Out-of-Network Cost sharing fields on the Cost Share Variance tab being greyed out.
Plans and Benefits Template	Benefits Package Tab: Does the QHP Issuer Operate a Medicaid Health Plan with Substantially the Same Provider Network and Service Area (Y/N)?	Access Health CT requests information on the anticipated use for this field.
Plans and Benefits Template	Benefits Package Tab: EHB as a Percent Premium	Access Health CT suggests this field be mandatory and that during system validation, it be cross-referenced to the field on the Unified Rate Review Template that captures this information to ensure consistency.
Plans and Benefits Template	Benefits Package Tab: Plan Effective Date	Access Health CT requests clarification on whether this field should reflect the plan's original effective date or the effective date for the upcoming plan year.
Plans and Benefits Template	Benefits Package Tab: Benefit Information (Benefits Listing)	Access Health CT requests an opportunity to adjust the Connecticut specific benefits listing to eliminate items that are not EHB's and to adjust limits where necessary in advance of release of the templates for 2015.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "EHB Issuer"	Access Health CT requests clarification on the intent of this field.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "Is this benefit covered"	Access Health CT requests confirmation that the entry in the drop down list box for this field is an error (currently, it displays '94% AV Level Silver Plan').

Template Name	Field	Comment
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "Quantitative Limit on Service"	Access Health CT requests information on the intent of the third entry in the drop down list box that shows "Yes and additional limits".
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "Limit Unit"	Access Health CT recommends that "Other" be included as an option in this drop down list box, with the ability for the user to identify what the customized limit is.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- Deductible and Out-of-Pocket Exceptions for "Subject to Deductible (Tier 1)" and "Subject to Deductible (Tier 2)"	Access Health CT supports the addition of a drop down list box to identify whether a deductible applies at each different plan variation level. We request the addition of a similar data field for 'Out-of-Network' coverage as well as the 'Tier 1' and 'Tier 2' In-Network levels in order to capture the information for out-of-network coverage in a consistent format.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- Deductible and Out-of-Pocket Exceptions for "Subject to Deductible (Tier 1)" and "Subject to Deductible (Tier 2)"	Access Health CT requests the ability to identify that a 'Tier 2' network option does not exist for a particular plan; based on current display, it appears as if a user will have to enter which of the plan variant levels the 'Tier 2' deductible applies to, leading us to believe that this field will always need to be completed with one of the 6 options included in the drop down list box.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "Mental/ Behavioral Health and Substance Abuse Disorder Outpatient Services" & "Mental/ Behavioral Health and Substance Abuse Disorder Inpatient Services"	Access Health CT recommends separating the Mental/Behavioral Health benefit from the Substance Abuse Disorder benefit, similar to the 2014 version of the template.
Plans and Benefits Template	Benefits Package Tab: "Generic Drugs", "Preferred Brand Drugs", "Non-Preferred Brand Drugs", "Specialty Drugs"	Access Health CT recommends changing the Prescription Drug Tier names to be more general in nature (e.g., 'Tier 1', 'Tier 2', 'Tier 3', 'Tier 4') in order to provide more flexibility in the drug composition for each tier and to reduce member confusion on what types of drugs are included in the various tiers.

Template Name	Field	Comment
Plans and Benefits Template	Cost Share Variances Tab: Plan Cost Sharing Attributes -- "Plan Marketing Name"	Access Health CT requests the ability to permit a different entry for 'Plan Marketing Name' for each plan variant level; this will allow for consistency in display of plan name on the Marketplace portal with member materials when an Issuer varies the plan names for plan variant levels.
Plans and Benefits Template	Cost Share Variances Tab: Plan Cost Sharing Attributes -- "Explanation (text field)"	Access Health CT requests clarification on the intent of this field.
Plans and Benefits Template	Cost Share Variances Tab: HSA/HRA Detail-- "HSA Eligible", "HSA/HRA Employer Contribution", "HSA/HRA Employer Contribution Amount"	Access Health CT requests confirmation that the intent of moving these fields from the Benefits Package Tab to the Cost Share Variances Tab is to allow for flexibility in providing this type of benefit program for the Standard Plan level and allowing other plan variant levels (e.g., Zero Cost Sharing or Limited Cost Sharing) to be excluded from an HRA/HSA program.
Plans and Benefits Template	Cost Share Variances Tab: HSA/HRA Detail-- "HSA Eligible", "HSA/HRA Employer Contribution", "HSA/HRA Employer Contribution Amount"	Access Health CT recommends adding a field to capture the application of the deductible for a family plan (i.e., is the deductible applied on a "per family" or "per person" basis) in order to have the ability to create logic to display correct deductible amount for individual vs family within the shopping experience.
Plans and Benefits Template	Cost Share Variances Tab: URLs for SBC, Enrollment Payment and Plan Brochure	Access Health CT requests confirmation that the intent of moving these fields from the Benefits Package Tab to the Cost Share Variances Tab is to ensure that these materials are available at the Plan Variant level.
Plans and Benefits Template	Cost Share Variances Tab: SBC Scenario	Access Health CT recommends eliminating these fields since a consumer will have access to the actual SBC.

Template Name	Field	Comment
Plans and Benefits Template	Cost Share Variances Tab: Each benefit entry -- "In Network Tier 1", "In Network (Tier 2)", "Out of Network"	Access Health CT recommends eliminating the choice of "No Charge" from the drop down list box for each cost sharing entry and adding "Not Applicable" as its replacement; this is because many Issuers use the term "No Charge" on Summary of Benefits materials provided to enrollees rather than displaying $0 Copay / 0% Coinsurance and it can be confusing to those completing this template who are accustomed to selecting "No Charge" as the way to display that an enrollee is not responsible for cost sharing for the particular benefit.
Plans and Benefits Template	Cost Share Variances Tab: Each benefit entry --"In Network (Tier 2)"	Access Health CT requests confirmation that, for plans that do not include a 'Tier 2' network option, that the term "No In-Network Tier Two" will be auto-populated within the macro.
Plans and Benefits Template	Cost Share Variances Tab: "Primary Care Visit to Treat an Injury or Illness" & "Mental/ Behavioral Health and Substance Abuse Disorder Outpatient Services"	Access Health CT requests adding a field for these benefits that will capture the number of visits (on a combined basis) that an enrollee can have subject to the plan copay prior to the plan deductible being applied (e.g., to support Catastrophic plans).
Plans and Benefits Template	Cost Share Variances Tab: "Inpatient Hospital Services (e.g., Hospital Stay)", "Delivery and All Inpatient Services for Maternity Care", "Mental/ Behavioral Health and Substance Abuse Disorder Inpatient Services", "Skilled Nursing Facility"	Access Health CT requests that the terminology in the drop down list box for these field be consistent since they are all provided on an inpatient basis; specifically, the cost sharing options for "per day" and "per stay" should appear for each of these fields; additionally, the drop down list box options for these fields should not be limited to "per day" and "per stay" (e.g., they should include all the other standard choices in the drop down list box).

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Template Name	Field	Comment
Plans and Benefits Template	Cost Share Variances Tab: General Comment	The orientation of the data presentation in this template (horizontal) makes it extremely difficult to review and analyze, due to the number of columns that are populated. For the 2015 draft template provided, there are 530 columns. The number of rows populated depend on the number of plans and variations that are submitted by an Issuer. We request that it be adjusted so that the data is presented vertically (showing 530 rows in this example), rather than columns.
Plans and Benefits Template	Cost Share Variances Tab: General Comment	Access Health CT believes there is a need for additional flexibility in this template to support certain non-standard benefits, some of which are mandated in Connecticut. Access Health CT would like to work with CMS and NAIC to ensure that the template can support these benefits. Examples of these are: --a separate deductible for Home Health Care, --Pediatric Eye Glasses that have an allowance depending on the type of frame selected, --combined out-of-pocket maximums for Out-of-Network coverage for medical and prescription drugs with a separate out-of-pocket maximum each for medical and prescription drug.
Appendix D - Transitional Reinsurance Program, Risk Adjustment Program, and Payment Operations Data Requirements	Attestations	Access Health CT requests confirmation that the attestations included in this document are not required for Issuers participating in State Based Marketplaces, as certain programs (e.g., Reinsurance) may differ from that of the Federal model.
Appendix D - Transitional Reinsurance Program, Risk Adjustment Program, and Payment Operations Data Requirements	Attestations	Access Health CT requests information on whether the attestations included in this document are a replacement of or an addendum to those used for 2014.