



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

August 26, 2014

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier CMS-10526/OMB Control Number 0938-NEW
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via the Federal Regulations Web Portal, <http://www.regulations.gov>

**Re: Comments to Agency Information Collection Activities: Proposed Collection – Form
Number: CMS-10526**

The Blue Cross Blue Shield Association (“BCBSA”) appreciates the opportunity to comment on the Paperwork Reduction Act (“PRA”) Cost-Sharing Reductions (“CSR”) Reconciliation template (form number: CMS-10526) issued on June 27, 2014.

BCBSA is a national federation of 37 independent, community-based, and locally operated Blue Cross and Blue Shield Plans (“Plans”) that collectively provide health care coverage for more than 103 million – one in three – Americans. Blue Cross and Blue Shield Plans offer coverage in every market and every zip code in America. Plans also partner with the government in Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Federal Employees Health Benefits Program (FEHBP).

BCBSA appreciates CMS’ issuing information on issuer data reporting requirements for CSR reconciliation. The reporting requirements are a key component of the reconciliation process for the advanced payments of the CSRs.

Our comments and recommendations are as follows:

1. Run-out Date

Issue:

The PRA does not specify a “run-out” date for reporting CSR data for the prior calendar year. It only specifies that issuers must report by June 1. It is not uncommon for issuers to receive and pay claims for services many months after the services are actually rendered. As such, issuers may not in fact receive and process all 2014 CSR claims in advance of the June 1 submission deadline.

Recommendation #1: BCBSA recommends that CMS clarify that CSR reconciliation reporting should be made for claims received as of March 31.

Rationale:

March 31 is a reasonable run-out date for the prior benefit year, as it is in line with the optional run-out date issuers may apply for the submission of claims data for the distributed data model.

Recommendation #2: CMS should provide a second true-up opportunity for claims received after the run-out date.

Issuers should be allowed to re-submit 2014 CSR claims with a paid-through date of December 31, 2015, in conjunction with the data submission for 2015 CSR claims. However, the second 2014 true-up would not formally be a part of the 2015 CSR reconciliation.

Rationale:

Issuers should be fully reimbursed for the CSRs provided. Since not all 2014 claims will be paid at the time of the initial CSR reconciliation calculation, the true-up will ensure that issuers are fully compensated for CSRs they provided.

2. Burden Estimates

Issue:

CMS has estimated the total burden for issuers – including annual reporting and capital costs – to be under \$2,000 per year. BCBSA believes that this estimate *grossly* understates the true costs issuers will bear to comply with these reporting requirements.

Recommendation:

CMS should revise the burden estimate sharply upwards, to more accurately reflect the true costs issuers will bear in complying with these reconciliation reporting requirements.

Rationale:

The current estimate grossly understates issuers' likely costs of compliance. To illustrate how significantly we believe CMS has underestimated issuers' costs, one BCBS Plan estimates its capital and reporting costs to be in the neighborhood of \$350,000, which includes both actuarial and IT resources.

3. Reconciliation Audits

Issue:

The PRA does not provide any details on what the auditing process for CSR reconciliation will look like.

Recommendation:

CMS should provide clear guidance on the auditing process for CSR reconciliation.

Rationale:

As issuers continue to prepare for the reconciliation of advance payments of the CSRs, it is essential that they also have information on what the auditing process will look like.

Issuer Summary Report (Section I)

4. Key Data Elements

Issue:

The PRA does not provide clear descriptions for all of the data elements that issuers are required to report.

Recommendation #1: Provide clear descriptions for all of the required reporting elements.

BCBSA recommends that CMS provide clear descriptions for all of the required data elements in the templates and clarify the standard format for the fields, i.e., dollar amounts or numeric values. Specifically, BCBSA recommends that CMS clarify what issuers need to report for the following data elements:

- “File ID”
- “Record Code”
- “10-digit QHP ID” – is this the HIOS ID? If so, this provides product level information (As described in detail later we would not recommend this level of reporting).
- “Total actual CSR amount” – clarify what is required to be reported.

This can be done either in expanded descriptions on this form and/or through technical documents explaining the data fields.

Rationale:

These clarifications are needed to ensure accurate reporting by issuers.

Recommendation #2: Clarify attestation requirements and consult with industry on attestation language before it is finalized.

It is unclear whether there is a standard format for the issuer attestation and who must sign the attestations. BCBSA also recommends that CMS provide an opportunity for industry to comment on any attestation language before it is finalized.

Rationale:

The attestations required by CMS have been an area of continuing concern for issuers participating on exchanges. A number of attestation requirements have been modified after

their release because they were unworkable. Allowing industry to comment on attestations before they are finalized could reduce the potential for later revision.

Recommendation #3: Add an optional a field for reporting of the advance payments of the CSRs received by issuers.

Rationale:

Adding an optional field for reporting the advanced payment received would set clear expectations of the baseline of the payments made to issuers. Inclusion of this additional field would also speed up the process for reconciling any discrepancies between what CMS believes it has paid and what the issuers believe they have received.

Standard Methodology Plan and Policy Report and Simplified Methodology Plan and Policy Report (Sections II and IV)

5. Key Data Elements

Issue #1: Data Reporting Level

The CSR Reconciliation Data Template includes fields for reporting at both the policy level and the member level; however the regulations on CSR reconciliation indicate that only policy-level reporting is required.

Recommendation:

BCBSA recommends that CMS modify the Data Template to request policy-level data.

Rationale:

CSRs are only applied at the policy level, so member-level reporting is unnecessary and inappropriate. In addition, requiring member-level reporting would add to the time, and therefore the cost of complying with these reporting requirements.

Issue #2: Redundant data requirements.

Recommendation:

BCBSA recommends that CMS remove redundant data fields from the Data Template. For example, under **Level 1: Policy Information**, there are 2 sets of data elements that are redundant: Plan Benefit Start Date/Plan Benefit End Date and CSR Effective Date/CSR End Date – these dates should be the same, so there is no need to collect the data twice.

Rationale:

Deleting redundant data elements will make the data collection and analysis process more efficient.

Issue #3: Unclear data fields

The PRA does not provide clear descriptions for all of the data elements that issuers are required to report

Recommendation:

BCBSA recommends that CMS provide clear descriptions for all of the required data elements in the templates and clarify the standard format for the fields, i.e., dollar amounts or numeric values. Specifically, BCBSA recommends that CMS clarify what issuers need to report for the following data elements:

- “Exchange Assigned Policy ID” – is the requirement to send all of the Exchange Assigned IDs, or just the most recent? We understand that Plans capture the Exchange Assigned Policy ID, but generally do not track any changes since this is not a field that Plans use currently. For example if someone enrolled 1/1 with Policy ID 123 and then had a CIC and the plan received a new transaction with Policy ID 321, the system may only store the second ID.
- “CiC Key” – a number of Plans do not store the CIC Key in their systems, and it can only be obtained from the pre-audit files. Given that the PRA requires issuers to provide other identifying numbers (including the Exchange Assigned Policy ID) is this really a necessary data element?

Rationale:

These clarifications are needed to ensure accurate reporting by issuers. In addition, CMS’ response to these questions will impact issuers’ cost of compliance. For example, if CMS continues to require issuers to provide the CIC key, because this key is not to currently stored anywhere in their systems, it will be time consuming and costly to provide.

BCBSA appreciates your consideration of our comments. We look forward to continuing to work with the Administration on implementation issues related to the Affordable Care Act. If you have any questions or would like further information, please contact Naomi Senkeeto at (202) 626-4829 or naomi.senkeeto@bcbsa.com.

Sincerely,

/s/

Kris Haltmeyer
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Blue Cross and Blue Shield Association