

New York State Comments on Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and other Financial Management and Exchange Operations (OMB Control No. 0938-NEW) (CMS-10430)

New York appreciates the opportunity to provide comments on information collection to support QHP certification and other financial management and Exchange operations released by the Centers for Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS) on November 21, 2012. New York has the following comments on the draft QHP templates:

1. General Comment - Interdependence of Templates: The templates appear to be interdependent. The Plans & Benefits Template cannot be used unless you also use the Service Area Template, the Network Template and possibly the Essential Community Provider Template. Since State Based Exchanges (SBEs) are not required to use these templates, we would suggest that the templates be made as independent as possible. The New York Health Benefit Exchange (NYHBE) is leveraging existing alternative sources to determine service area and network adequacy, including essential community providers. New York should have the option to utilize the Service Area Templates, Network Template and Essential Community Provider Template.

2. Benefits List and Configuration of Essential Health Benefits (EHB) - Plans & Benefits Template: New York has reviewed the benefit list and finds that it lacks specificity needed to review a filing for compliance with New York's EHB requirements. Several benefits appear in our chosen benchmark but are not specifically listed in the benefits column on the Plan Benefits template. While these specific benefits may be grouped or fall under other benefits listed in the template, for review purposes, New York requests that they be added to the benefit list.

They include:

- Outpatient Hospital Services (including Radiation, Chemotherapy & Renal Dialysis)
- Preadmission Testing
- Second Surgical Opinion
- Second Opinion on the Positive or Negative Diagnosis of Cancer
- Non-Emergency Transportation
- Oral Surgery
- Family Planning/Sterilization (male and female)
- Elective Termination of Pregnancy
- Organ Transplants
- Mastectomy, Lumpectomy & Lymph node dissection
- Breast Reconstruction Surgery
- Reconstructive Surgery (other than Breast Reconstruction)
- Foot care related to a specific medical condition
- Allergy testing & shots
- Gym membership reimbursement

- Applied Behavior Analysis Treatment for Autism Spectrum Disorder
- Comprehensive Care Facility for Eating Disorders
- Diabetic equipment, supplies & self education
- Inpatient Rehabilitation Services
- End of Life Care
- Internal Prosthesis (including breast prosthesis)
- External Prosthesis (including external breast prosthesis & wigs)
- Medical Supplies

In the event that CMS does not decide to add this list, New York urges you consider at least adding the following benefits: Outpatient Hospital Services; Preadmission Testing; Non-Emergency Transportation; Family Planning/Sterilization (male and female); Elective Termination of Pregnancy; Applied Behavior Analysis Treatment for Autism Spectrum Disorder; Diabetic Equipment, Supplies & Self Education; Inpatient Rehabilitation Services; Internal Prosthesis; External Prosthesis; and Medical Supplies. New York suggests adding at least these benefits to template so that the template completely captures all the potential variations for cost sharing.

Alternatively, New York should have the option of including the bulleted list of benefits above as through the “Add Benefit” feature of the template and/or requiring plans to add the list. It is unclear, however, how CCIIO will support the potential variations this feature could present from state to state, and we respectfully request that this be clarified.

3. “Routine Foot Care” Benefit - Plans & Benefits Template: New York suggests CMS change “Routine Foot Care” to “Foot Care.” The exclusions or explanations could then be used to describe that routine foot care is not covered, but that foot care relating to a specific medical condition (diabetes) is covered.

4. Preventive Care - Plans & Benefits Template: The benefits list has two benefits listed that would generally fall under preventive care: Preventive Care/Screening/Immunization and Well Baby Visits and Care. Under New York’s EHB requirements, several specific benefits fall under this category but we would want them listed separately in order to assure compliance with state mandates and EHB requirements. These benefits are: Well Baby/Child Visits and Care; Adult Annual Physical; Immunizations (for children and adults); Cervical Cytology Screening; Mammography; Bone Density Testing, Drugs & Devices; and Prostate Cancer Screening. New York requests HHS clarify whether they intended to group these benefits together under the two benefits listed on the template as Preventive Care. If not, New York requests these benefits be separately listed reflect all of these EHB requirements and/or state mandates.

5. Benefit Fields “Outpatient Rehabilitation Services,” “Rehabilitative Occupational and Rehabilitative Physical Therapy,” and “Rehabilitative Speech Therapy” - Plans & Benefits Template: The Outpatient Rehabilitation Services field seems to duplicate the other two fields relating to Rehabilitative OT/PT and Rehabilitative Speech Therapy. Under New York EHB requirements, rehabilitative

services include 60 visits for OT, PT & Speech Therapy. The additional general category for “Outpatient Rehabilitation Services” is confusing may lead to duplicate data submissions.

6. Out-of-Network Reimbursement Methodology - Plans & Benefits Template:

Each plan on the Plans & Benefits Template should have a column to indicate the methodology used to reimburse out-of-network services if the plan has out-of-network benefits. For example, most plans reimburse based on a percentage of Medicare or a percentage of the usual, reasonable and customary rate (UCR) for that service. In New York, UCR is typically a percentage of the rate for the specific service listed by FAIR Health, a non-profit corporation that gathers data on provider charges. The field we are requesting be added should be a text field where the issuer type reimbursement basis. This information is vital to the consumer portal. The consumer must see this information during the shopping experience so they can understand how much their out-of-network benefit covers in order to determine whether a plan is a good fit for them. In addition, this information is required to be submitted as a condition of certification per 45 CFR 156.220 (a)(7), which states that issuers must provide “...(7) information on cost-sharing and payments with respect to any out-of-network coverage...”. Since the NYHBE is required to obtain out-of-network reimbursement information as a condition of the certification process and the templates are being used for the certification process, the most logical place for the collection of such information is through this template. New York requests CMS consider adding this necessary field to the Plans & Benefits Template.

7. Limit Unit - Plans & Benefits Template: Under New York’s EHB requirements, benefits are available for external hearing aids that are limited to once every three years. Benefits are also available for cochlear implants, which are limited to once per lifetime. The limit unit does not contemplate a benefit being available once every three years. Additionally, the template does not consider having two separate limits within a benefit, such as hearing aids. New York suggests revisions or accommodations be made to address these situations.

8. Age Field on Rates Template: On the Rates Template, the Age field is a required field. There does not appear to be a Not Applicable or other choice for states that do not use age as a rating factor. New York uses pure community rating. New York suggests that the template have an option to select that indicates that age is not applicable or used as a rating factor.

9. Rates of Benefit Riders on Rates Template: An issuer may wish, or may be required, to submit particular benefits on riders that will have their own rate. For instance, the pediatric dental benefit may be on a rider so that the insured can easily determine the rate for that benefit and compare it to other stand alone options available. It is unclear if the Rates Template takes into account that the Exchange may want the rates for riders separately listed. New York may require benefit riders be issued with the rates for such riders listed separately. The template should accommodate these requirements.