



## **COMMENTS to the Centers for Medicare & Medicaid Services**

### **RE: Information Collection for Machine Readable Data for Provider Network and Prescription Formulary Content for FFM QHPs (CMS-10558)**

Submitted by Community Catalyst

May 29, 2015

Community Catalyst respectfully submits the following comments to the Centers for Medicare & Medicaid Services (CMS) in response to the Paperwork Reduction Act notice on QHP data collection, released March 30, 2015.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state and local consumer organizations, policymakers, and foundations, providing leadership and support to change the health care system so it serves everyone - especially vulnerable members of society.

We greatly appreciate the opportunity to provide comments on the proposed information collection, which is an important step forward for consumers and will ultimately allow for more informed plan selections and greater transparency overall in terms of provider networks and drug formularies. We applaud CMS for ensuring that this information becomes available, both for HHS and for consumers.

We commend CMS for requiring carriers to submit data that includes necessary details for consumers to make educated decisions about their coverage such as network, formulary and cost-sharing sub-types. Requiring the data to be submitted in a machine-readable format will allow software developers to create tools that provide consumers with easier access to network and formulary information. Additionally, requiring carriers to update the data monthly will better ensure consumers receive accurate information. For these reasons, we encourage CMS to not delay these requirements so that consumers have timely access to important data that will better allow them to shop for and compare plans. We also encourage CMS to consider additional details that will be critical to informing consumers' choice, including:

- Cost-sharing associated with the specific network or formulary sub-type;
- Additional specificity in labeling network tiers (i.e. tier 1, 2, or 3);
- Information on multilingual providers in a network who can provide services directly in a non-English language or provider's staff who can interpret; and
- Physical accessibility of providers' office.

While we appreciate that there is a balance to strike between the desire for additional detail and the burden associated with providing such detail in the data submissions, we believe that

consumers must have a full picture of a plan's provider network and formulary in order for them to make an informed decision about their health insurance coverage and to use their coverage without incurring unanticipated costs.

Respectfully submitted,

A handwritten signature in dark ink, reading "Robert Restuccia". The signature is written in a cursive style with a large, stylized 'R' and a clear, legible name.

Robert Restuccia  
Executive Director  
Community Catalyst