



May 29, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05, 7500 Security Boulevard
Baltimore, Maryland 21244-1850
Submitted via the Federal Rulemaking Portal: <http://www.regulations.gov>

Re: CMS 10558 and CMS 10463: Agency Information Collection Activities: Proposed Collection'
Comment Request

Dear Mr. Slavitt:

United Concordia Companies, Inc. ("United Concordia") appreciates the opportunity to offer comments in response to the Department of Health and Human Services, Centers for Medicare and Medicaid Services ("CMS") Information Request related to the machine-readable data for provider network and prescription formulary and the subsequent detailed information posted on the CMS Paperwork Reduction Act ("PRA") website. United Concordia is one of the nation's largest dental insurers, serving more than 7 million members worldwide. United Concordia operates eleven subsidiary companies licensed to transact health insurance and/or dental managed care in all fifty states and the District of Columbia. Through its subsidiaries, United Concordia Insurance Company and United Concordia Life and Health Insurance Company, it offers standalone dental plans in the FF-SHOP in New Jersey, Pennsylvania and Virginia in 2015.

As CMS finalizes these regulations, we recommend that:

- Stand-alone dental plans offering exchange certified off-exchange policies should be exempt from the machine-readable requirements;
- The PRA requirements be finalized as soon as possible so issuers can have ample time to produce their files prior to the start of the 2016 open enrollment;
- CMS set conditions on third party access to ensure that the general public does not have access to the JSON files and develop standards that address limitations on third party use of the data;
- Modifications be made to data elements in the JSON files and that CMS clarifies the requirements as applicable to dental carriers versus medical carriers; and
- CMS work with the industry to develop more realistic cost estimates on the burden of implementation.

Applicable to Stand-Alone Dental Plans

Stand-alone dental plans offering "Exchange-certified" dental policies off the Exchange, in the private market, should be exempt from the requirement to submit machine-readable provider network data. If stand-alone dental plans are not exempt from this requirement then CMS should phase in the machine-readable requirements for "Exchange certified" dental networks starting in 2017.

Third Party Access

45 CFR 156.230 (c) requires QHP issuers to make provider directory information available on their websites. CMS should clarify that making the information available does not provide the public with unrestricted access to the JSON files and confirm that only approved third party software developers have access. Moreover, CMS should set conditions on third party access and develop standards that address limitations on the use of the data. The accuracy of third party manipulations of the data files and the timeliness of their data refresh process cannot be controlled or guaranteed. Therefore, CMS should address how a third party will be held accountable for inconsistencies between the issuer's data files and what is posted on the third party's website. For example, a provider that is incorrectly listed as in-network by the third party, but listed by the issuer as out-of-network, could have a substantial impact on the consumer's decisions, including out of pocket costs. Adequate protections need to be established so that issuers are not penalized for errors resulting from a third party's mishandling of the information. Ultimately, this risk of misidentification of network data or misrepresentation of network information by third parties would cause consumer confusion. Issuers are best suited to control their network information, and the risks of inaccuracy by third party aggregators cannot be overstated.

JSON Files

The Developer Documentation advises that all information must be described in the JSON file format. Issuers must publish JSON files by November 1, 2015; the beginning of the 2016 open enrollment season. The data field requirements are described in the Developer Documentation. CMS needs to finalize these requirements no later than August 2015 in order allow issuers to properly process and test the files being submitted.

Many of the current data fields do not consider that dental and health insurance are different and therefore some of these fields may not be applicable to both. We recommend that CMS clarify and/or create separate data fields for dental carriers providing stand-alone and embedded plans that include additional instruction regarding how to complete the data in the fields. CMS should be aware that there are several fields within the plans.json, providers.json, and drugs.json files that are not applicable to dental carriers and will not be populated with data. These include the formulary, pharmacy, drug and facility related fields. We also request clarification regarding the data to be included in the *network tier* field as it relates to dental carriers.

Burden

The PRA notice estimates that implementation of these requirements will take each issuer only 5 employees working a total of ninety six hours for a total cost burden of about \$5,200. Based on preliminary estimates, this burden on issuers seems grossly underestimated. The current estimate of the burden does not reflect the breadth of resources and processes needed to collect and produce the files required. Once machine-readable formats and files are developed and tested, issuers will have to commit significant resources to implement these new standards and integrate new files and formats into their current IT systems. The workload to build the base for the file production in this format as well as the needed processes to ensure accuracy of the data prior to post is greater than the PRA estimates. Based on current estimates, integration, testing and implementation will take between 250 and 500 hours and the cost will approximately \$21,300 to \$42,500. As such, we do not believe that this workload



and cost is accurately reflected in the preliminary estimate and recommend that CMS work with the industry to develop more realistic estimates of the burden on issuers.

Thank you for the opportunity to comment and for considering our comments. Please let me know if I can provide further clarification.

Sincerely,

A handwritten signature in black ink, reading "Jon K. Seltenheim".

Jon Seltenheim
Senior Vice President, Business & Government Strategy
United Concordia Companies, Inc.
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