



Charles N. Kahn III
President & CEO

May 29, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Attn: Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard, Baltimore,
Maryland 21244-1850

Attn: Document Identifier/OMB Control Number:
CMS-10558 and CMS-10463

Re: *Agency Information Collection Activities: Proposed Collection; Comment Request; Information Collection for Machine Readable Data for Provider Network and Prescription Formulary Content for FFM QHPs; 80 Fed. Reg. 16,687 (March 30, 2015)*

Dear Acting Administrator Slavitt:

The Federation of American Hospitals ("FAH") is the national representative of more than 1,000 investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching hospitals in urban and rural parts of the United States, as well as inpatient rehabilitation, psychiatric, long-term acute care, and cancer hospitals. We appreciate the opportunity to express our views regarding the *Comment Request; Information Collection for Machine Readable Data for Provider Network and Prescription Formulary Content for FFM QHPs*.

The Centers for Medicare and Medicaid Services ("CMS") is collecting information from the public regarding machine readable data for provider network and prescription formulary content for federally facilitated marketplace ("FFM") qualified health plans ("QHPs"). Under the Department of Health and Human Services ("HHS") *Notice of Benefit and Payment Parameters for 2016* final rule, QHP issuers in the FFMs are required to publish information

regarding their formulary drug lists and provider directories on their website in a format and at times specified by HHS. In this information collection, CMS is requesting public comment regarding a proposed requirement that for plan years beginning on or after January 1, 2016, QHP issuers must make available provider and formulary data in a machine-readable format. CMS requests comments on various aspects of this proposed requirement, including the necessity and utility of the proposed information collection for the proper performance of the Agency's functions.

The FAH strongly supports a requirement that FFM QHPs make available provider and formulary data in machine-readable format beginning in plan year 2016. Almost 12 million consumers have enrolled in a QHP through the federal and state marketplaces for 2016. Many of these consumers may not have previous experience with health insurance coverage, and thus navigating a health insurance marketplace is a new or relatively new experience for them. Alternatively, other individuals in a marketplace may be very experienced consumers. Either way, it is critical that all of these consumers have easy access to tools that will assist them in making important decisions about the QHP that best meets their medical needs. These tools must be available to consumers as they determine which QHP is best for them. Just as important, these tools enable consumers already enrolled in a QHP to access timely, transparent, and accurate information on provider choice and site-of-service options that best meet their medical needs.

One tool that should be available to consumers is machine readable provider and formulary data. This can help consumers approach the massive amounts of data that must be analyzed to make good choices about providers, plans and formularies, and significantly reduce the consumer's burden in making important choices about their medical care. Information in this format allows consumers and providers to easily filter through a multitude of information to compare plans, providers and other related information. For example, consumers could easily search all silver plans in a marketplace to determine whether they cover a certain type of prescription drug, or they could readily search all QHP networks in a marketplace to determine those networks in which a consumer's preferred physician participates. This information is critical for consumers in making decisions that can best address the medical care they need. It also can be instrumental in ensuring the real time accuracy of provider directories. This advances the goal of meaningful access to health insurance coverage, as envisioned by the *Patient Protection and Affordable Care Act*.

Further, as the marketplaces enter their third year in 2016 and continue to expand their enrollment efforts in subsequent years, Navigators, in-person assisters and certified application counselors ("consumer assisters") are working diligently to help consumers navigate these marketplaces and have a meaningful understanding of the choices before them as well as all of the rules of the marketplaces. Because many millions of consumers are enrolling in the marketplaces, time is a precious commodity for these consumer assisters, and the success of enrollment in the marketplaces largely depends on their ability to do their jobs effectively and efficiently. Machine readable provider and formulary data could cut down substantially on the

amount of time consumer assisters need to help each individual consumer through the health insurance maze, and could result in providing consumer assisters with more time to engage in expanded outreach to additional consumers.

Finally, a machine readable requirement is sensible insofar as it would build upon an existing infrastructure. We believe that many major health insurance plans currently use machine readable formats, and could readily implement these systems with respect to QHPs in FFMs.

Thank you for considering our comments on these important issues that so critically affect beneficiaries' access to care. If you have any questions or concerns, please contact me or Jeff Micklos or Katie Tenover of my staff at (202) 624-1500.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vicki M. ...', is written over a horizontal line.