Template Name	Field / Data Collection Revision & Justification	Comment
Plans and Benefits Template	Benefits Package Tab: Create a new data field, “Plan design type.” This would indicate whether each plan has a particular cost sharing design. A number of State-based Marketplaces require issuers to offer uniform plan designs at various metal levels. Adding this data element will assist states in reviewing plans.	AHCT is an SBM that requires issuers to submit "standard" plan designs at various metal levels as a condition of certification. AHCT does not believe there is a need to collect this new benefit field in the data template. This is because it would require an additional step of verification to ensure that the field was not completed erroneously, and AHCT has developed a review step as part of the certification process to ensure that all required AHCT "standard" plans have been included in the submission.
Plans and Benefits Template	Benefits Package Tab: Figure 7 - Plan Attributes -- New data field -- “Which benefits begin cost sharing after set of visits??"	AHCT does not see a corresponding explanation for this new field in the "Appendix A. QHP Certification Data Collection Instrument Revisions" document provided, and is unclear regarding intended functionality for it. With the proposed change to move the 4 fields within the "AV Calculator Additional Benefit Design" section of the benefits package tab to the cost share variances tab, it appears that there may be a redundancy for the Primary Care benefit, as a question already exists for this in that section. Retaining the question "Begin Primary Care Cost-Sharing After a Set Number of Visits?" and adding this new one will result in the potential for inconsistent responses, for which validation via Data Integrity Tool or some other automated method should be developed. If the "Data Collection Revision" entry that applies to these fields is 'Create new data fields to capture limitations for essential health benefits, “visit limits.” ', then AHCT would still have concerns as noted above regarding potential inconsistent entries between this new field and the two being moved to the Cost Share variances tab. In particular, the primary care visit question and these proposed changes should all be collected and displayed within the same field. AHCT suggests rewording this question for additional clarity.

Template Name	Field / Data Collection Revision & Justification	Comment
Plans and Benefits Template	Benefits Package Tab: Figure 7 - Plan Attributes -- New data field -- "Which benefits begin deductible / coinsurance after set of copays?"	AHCT does not see a corresponding explanation for this new field in the "Appendix A. QHP Certification Data Collection Instrument Revisions" document provided, and is unclear regarding intended functionality for it. With the proposed change to move the 4 fields within the "AV Calculator Additional Benefit Design" section of the benefits package tab to the cost share variances tab, it appears that there may be a redundancy for the Primary Care benefit, as a question already exists for this in that section. Retaining the question "Begin Primary Care Cost-Sharing After a Set Number of Visits?" and adding this new one will result in the potential for inconsistent responses, for which validation via Data Integrity Tool or some other automated method should be developed. If the "Data Collection Revision" entry that applies to these fields is 'Create new data fields to capture limitations for essential health benefits, "visit limits." ', then AHCT would still have concerns as noted above regarding potential inconsistent entries between this new field and the two being moved to the Cost Share variances tab. In particular, the primary care visit question and these proposed changes should all be collected and displayed within the same field. AHCT suggests rewording this question for additional clarity.
Plans and Benefits Template	Benefits Package Tab: Create two new sub-classifications for Outpatient office visits, "Mental Health/Substance Use Office Visits" and "All Other Mental Health/Substance Use Outpatient Services"	AHCT recommends that with creating a sub-classification for "Mental Health/Substance Use Office Visits", that there should be a separate entry for "Mental Health Office Visits" and "Substance Use Office Visits". Additionally, with this change, it would seem to be redundant to include the current fields "Mental/Behavioral Health Outpatient Services" and "Substance Abuse Disorder Outpatient Services" and these should likely be deleted. Additionally, because of these changes, the Benefit Field called 'Mental Health Parity' should be removed as a benefit option.
Plans and Benefits Template	Benefits Package Tab: Create a new data field to capture the Essential Health Benefit category for each service listed, "EHB Category"	AHCT is unclear on the business need for this new field. It seems possible that there could be situations where a particular service may be categorized under more than one EHB, resulting in potential confusion or inconsistencies in interpretation amongst issuers. As an example, preventive drugs could be included under the 'preventive' EHB or under the 'prescription drug' EHB. AHCT assumes that system logic would be in place to use a default such as 'not applicable' for benefits that are classified as 'non-EHB' .
Plans and Benefits Template	Benefits Package Tab: Create new data fields to capture limitations for essential health benefits, "visit limits."	AHCT assumes that this entry correlates with the 'Care Plan Limit' field and the 'Number of Visits before Care Plan Limit applies' field displayed in Figure 9. AHCT is unclear on the distinction between these new fields compared to existing fields that collect 'Quantitative Limit on Service' and Quantity Limit information, so is concerned there may be a redundancy resulting in the potential for inconsistent entries.
Plans and Benefits Template	Benefits Package Tab	Access Health CT requests that it will continue to be optional to include benefit information for "Off-Exchange" only plans within the same template.

Template Name	Field / Data Collection Revision & Justification	Comment
Plans and Benefits Template	Plans & Benefits (Cost Sharing Variance Tab): Create a new data field to capture cost share variant level information for the plan marketing name.	AHCT appreciates the flexibility this will allow, but since Connecticut has developed a process to include a 'Plan Variant' name within the AHCT Consumer Shopping portal to make it clear to consumers that they may be viewing, as an example, a Silver 73% variant plan, AHCT would like confirmation that it will be optional for issuers to differentiate the Plan Marketing Name at the plan variant level in this template. Additionally, AHCT has concerns with the potential for the number of characters in this field resulting in it exceeding the standard in place for EDI (eg, X12 guidelines) once the plan variant information is added.
Plans and Benefits Template	Cost Share Variances tab: Create new data fields to capture additional Summary of Benefits and Coverage (SBC) scenario.	Since a consumer will be able to view the actual SBC via the consumer shopping portal, AHCT recommends eliminating the additional new data fields pertaining to SBC scenarios, as well as the existing fields that capture the cost of having diabetes and having a baby, since these will be redundant.
Plans and Benefits Template	Plans & Benefits (Cost Sharing Variance Tab): Move “AV Calc. Additional Benefit Design” (four data elements) from Benefits Package tab to Cost Sharing Variance tab.	AHCT acknowledges that this change could be a positive one, assuming that it will allow for an issuer to vary the entry for 'Maximum Coinsurance for Specialty Drugs' and 'Maximum Number of Days for Charging an Inpatient Copay?' at the plan variant level (eg, per day hospital copay maximum of 4 days at the Silver 73% level, and 3 days at the Silver 87% level). AHCT assumes that these changes will also be accommodated within the AV calculator. AHCT also notes that this change will result in the need for AHCT to modify its system design to capture these elements from a different template location.
Plans and Benefits Template	Benefits Package Tab: "Generic Drugs", "Preferred Brand Drugs", "Non-Preferred Brand Drugs", "Specialty Drugs"	Access Health CT recommends changing the Prescription Drug Tier names to be more general in nature (e.g., 'Tier 1', 'Tier 2', 'Tier 3', 'Tier 4') in order to provide more flexibility in the drug composition for each tier and to reduce member confusion on what types of drugs are included in the various tiers.
Plans and Benefits Template	Benefits Package Tab: Benefit Information -- "Limit Unit"	Access Health CT recommends that "Other" be included as an option in this drop down list box, with the ability for the user to identify what the customized limit is.
Plans and Benefits Template	Cost Share Variances tab: any benefit for which the place of service could be Inpatient Hospital	AHCT recognizes that no changes are proposed to capture additional cost sharing options for benefits obtained while an inpatient in a hospital. However, AHCT believes an inconsistency currently exists in collecting cost sharing information amongst benefits that are obtained while an inpatient, and that action should be taken to rectify this for the 2017 plan year. For the 2016 plan year, CMS revised the cost sharing drop down list box within the Cost Share Variances tab for 'Substance Abuse Disorder Inpatient Services' and 'Mental/Behavioral Health Inpatient Services' to include “per day” or “per stay” cost-sharing options. However, those same changes were not made for other benefits where treatment could be bundled under the inpatient hospital benefit, including but not limited to the following: Hospice Services, Infertility Treatment, Inpatient Physician and Surgical Services, Delivery and All Inpatient Services for Maternity Care, Abortion for Which Public Funding is Prohibited, Transplant, Treatment for Temporomandibular Joint Disorders, Reconstructive Surgery. AHCT recommends adding the options of "per day" and "per stay" (with and without deductible) for the other services that could be obtained while an inpatient in a hospital.

Access Health CT (AHCT) comments on CMS-10433 (Federal Register /Vol. 80, No. 148 /Monday, August 3, 2015)

Template Name	Field / Data Collection Revision & Justification	Comment
Prescription Drug	Drug List Tab: Capture quantity limits, fill limits, and pharmacy restrictions for each RxNorm Concept Unique Identifiers (RxCUI) listed.	Access Health CT requests additional information regarding how the identification of potential inappropriate or discriminatory limits or restrictions will be performed.
Prescription Drug	Formulary tab: Move the cost sharing information collected on the Formulary Tiers tab to the Plans & Benefits instrument.	This will reduce the need for the issuer to enter duplicative data in more than one instrument and allow issuers to enter detailed drug cost sharing at the plan variant level. AHCT supports this change as it will eliminate the need to cross-check cost sharing information entered in the Plans & Benefits template, assuming that the issuer will be able to select a cost share maximum in co-insurance plans that differs across the Silver &3%/87%/94% variant plans.
Network Template	Network URL for medical and dental plans	AHCT acknowledges that no changes are proposed for this template, however, suggests that the Network URL be moved from this template to the Plans & Benefits template. Based on a proposed template change for the Plan Marketing Name (ie, unique down to the plan variant level), AHCT recommends that the network URL be placed on the Cost Share Variances tab. This is in order to support the intent of the requirement outlined in 45 CFR 156.230 (b)(2)(i) regarding ensuring that a clearly identifiable link to the issuer's provider directory is posted on the issuer's website so a consumer does not have to search for the applicable provider directory. The provider directory search tools for certain issuers require a deeper link than the general provider directory URL because the tool is designed to display provider network information at the plan level. While this does not mean that the network composition differs by plan within a product, it results in the need to currently collect these deeper links and upload them in a manual fashion.
Network Template	Network Name, Network ID, Network URL form medical and dental	AHCT acknowledges that no changes are proposed for this template, however, requests confirmation that a Plan Type of "Indemnity" as entered in the Plans Benefits Template (for either medical or dental coverage) will not result in these fields being required in this template. It does not appear that the Chapter 8 QHP template instructions addresses this.
Rates	Rate Table - Row 13	Appendix A, Figure 21 does not display Row 13, which currently contains a description of how to complete the data field. AHCT requests confirmation on whether this row will be removed from the template.
Network Adequacy	Provider Types	AHCT recommends adding to the Provider Type listing additional categories for Behavioral Health and Substance Abuse providers, such as Child Psychiatrists, Substance Abuse Counselors/Therapists, and an Other Behavioral Health Provider category.