



**COMMENTS to the Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Centers for Medicare & Medicaid Services**

**RE: Information Collection: Transparency in Coverage Reporting by Qualified Health Plan Issuers (CMS-10572, OMB Control Number: 0938-New)**

Submitted by Community Catalyst  
October 13, 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 transparency in coverage reporting by Qualified Health Plan Issuers (QHPs), released August 12<sup>th</sup>, 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 toward increased transparency that will not only help consumers make more informed decisions about their coverage options, but also help state and federal regulators monitor whether health carriers are delivering on the Affordable Care Act's (ACA) promise of strengthened consumer protections.

We appreciate and understand that an increase in the collection of health insurance data will require a phased-in approach that provides health carriers in various markets the time they need to begin reporting additional data. However, we strongly urge CMS to implement a timeline that will prioritize increased transparency as quickly as possible. We encourage CMS to consider the following recommendations:

1. **Require collection and reporting on additional data elements for each issuer at the plan level to inform evidence-based policy making.** The issues many consumers face with their coverage, such as high out-of-network cost-sharing, are often unreported or described anecdotally. State and federal policymakers need access to data beyond enrollment data to more accurately understand consumers' experience with their coverage. Disenrollment data, claims payment policies and practices, denied claims, rating practices, and information on cost-sharing and payments with respect to any out-of-network coverage are all examples of information that would better inform evidence-based policymaking. For example, data on out-of-network claims will help regulators and policymakers evaluate whether network adequacy standards are sufficient.

Additionally, CMS should **require the collection of data such as race, ethnicity, gender, sexual orientation, age, health status, disability and primary language to support evidence-based policymaking that addresses health disparities.** This data is crucial to assessing and comparing information by patient population such as utilization, access to care and health outcomes. Aggregate information should be shared with the public to highlight disparities and areas for improvement.

**Additional data-reporting requirements should be collected utilizing, to the extent to which it is practicable, existing data collection mechanisms.** Data collected using EDGE servers for the ACA's risk-mitigation programs could be used for transparency purposes as well. Also, the National Association of Insurance Commissioners has developed a reporting tool to collect data from issuers including detailed information on enrollments, disenrollments, claims (including timeliness of claims payment, in and out-of-network claims, and claim denials), enrollee cost sharing, and grievances and appeals that CMS should take into account when developing requirements for this data collection.

2. **Transparency data collected should be used for oversight and enforcement purposes, as well as to support consumer decision-making.** In order to better understand evolving norms and their impact on consumers, the PRA notice should be revised to outline a plan for using transparency data for oversight and enforcement. For example, review and oversight of information about out-of-network claims and patient costs can help regulators target their oversight and enforcement efforts and also inform development of new performance measures to help consumers evaluate the breadth and reliability of health plan networks.

Similarly, transparency data also could inform development of plan standards and consumer information tools related to adequacy of health plan drug formularies, discriminatory benefit and cost-sharing designs, and many other important policy issues related to the quality and performance of health coverage that continue to arise. Data will also help identify issues before they negatively impact consumers by allowing regulators to see when, for example, there is a high disenrollment rate from a particular plan by people with high-cost claims.

3. **Require a phased-in approach to data collection from health plans beyond QHPs sold through the Marketplace.** Data collection shouldn't be limited to QHPs offered through certain Marketplaces. All of the above recommendations, which we think should immediately apply to ACA-compliant plans in the individual and small-group markets (not just Qualified Health Plans sold through the FFM or using the federal IT system), should eventually extend to all required entities. We recognize that additional time would be needed to expand data collection to the full slate of plans and issuers to which the transparency requirements apply. We urge CMS to establish a clear and proactive timeline for self-insured employer group plans, as well as those in the large-group fully insured market, to meet these expanded reporting requirements. Most people with health coverage continue to be enrolled in employer-sponsored benefits, and they deserve to benefit from the transparency effort as much as those with Marketplace coverage.

While we appreciate that there is a balance to strike between the desire for additional data and the burden associated with providing such detail in the data submissions, we believe that increased transparency will inform the development of tools and resources that will help people effectively and efficiently navigate the health care system and utilize their health coverage, and ultimately will allow for the evidence-based policymaking necessary for continued effective ACA implementation.

Respectfully submitted,

A handwritten signature in dark ink, reading "Robert Restuccia". The signature is written in a cursive style with a large initial 'R'.

Robert Restuccia  
Executive Director  
Community Catalyst