Federation of American Hospitals®

Charles N. Kahn III
President & CEO

October 12, 2015

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: *Agency Information Collection Activities: Proposed Collection; Comment Request; CMS-10572 Transparency in Coverage Reporting by Qualified Health Plan Issuers; 80 Fed.Reg. 155 (August 12, 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 Centers for Medicare & Medicaid Services' (CMS) *Information Collection Request: Transparency in Coverage Reporting by Qualified Health Plan Issuers*. The notice, issued to comply with the Paperwork Reduction Act of 1995 (the PRA), references CMS' intent to require issuers of Qualified Health Plans (QHP) offered in the Federally-facilitated Exchanges and State-based Exchanges that rely on the federal IT platform, to publicly report data in keeping with the requirements of section 1311(e)(3) of the Affordable Care Act.

The FAH supports CMS' efforts to move forward with the implementation of the Affordable Care Act's insurer transparency requirements. It is critical for consumers to have relevant, up-to-date and useful information so they can meaningfully compare health plans, choose health insurance coverage that best meets their medical needs, and make treatment choices that best meet their individual needs. This should be based on what is important to consumers, which is what they will pay for coverage and their out-of-pocket costs. The broad-based health insurance transparency provisions are aimed at providing millions of consumers – whether they are currently insured or will purchase insurance for the first time through the Exchange – with the tools they need to understand easily the reality of how each health plan will work and what it will cost. The transparent and plain language release of this information will help consumers compare health coverage and better understand cost-sharing, limits, exceptions, reductions and coverage offered by each plan.

We note, however, that the Affordable Care Act requires all group health plans and insurers offering group or individual health insurance coverage to comply with transparency requirements – not just those plans that are offered through the Federally-facilitated Exchanges and State-based Exchanges that rely on the federal IT platform. By limiting the collection requirements to just the plans that are offered on the Federally-facilitated Exchanges and State-based Exchanges that rely on the federal IT platform, CMS is denying millions of Americans the information they need to make informed choices about their insurance coverage. While we appreciate CMS' intention, as specified in the collection request, to work with the Departments of Treasury and Labor to extend the transparency requirements to non-grandfathered group health plans and health insurance issuers offering group and individual health insurance coverage, we are now more than five years beyond the passage of the Affordable Care Act and heading into the third open enrollment season. **It is imperative that CMS, working with the partner Departments, extend transparency requirements to plans and issuers not covered by this collection request. Any further delay will continue to do harm to individuals as they seek to make wise choices in the reformed insurance marketplace.**

Additionally, we recommend that reporting requirements be consistent regardless of plan type. In the collection request, CMS notes that the reporting requirements for plans not covered by this request may differ once reporting is extended to those plans. We urge that reporting requirements be as consistent as practicable regardless of plan type. Consistency of reporting requirements ensures consumers have the same information regardless of where their plan is purchased – inside or outside the Marketplace – and it makes it easier for providers, that are often on the front lines of helping consumers understand their insurance products, to help patients navigate their benefits. Consistency is also in keeping with CMS efforts to align its programs wherever possible as most recently evidenced by proposals to align Medicaid managed care requirements with those requirements in the Medicare Advantage and Marketplace space.

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We appreciate the opportunity to provide CMS with our views on this critical matter and we stand ready to continue working with you to ensure that policies governing employer-sponsored plans promote broad access for consumers to quality health care services. If you have any questions about our comments or need further information, please contact me or any member of my staff at (202) 624-1500.

Sincerely,