



**BlueCross BlueShield  
Association**

An Association of Independent  
Blue Cross and Blue Shield Plans

1310 G Street, N.W.  
Washington, D.C. 20005  
202.626.4800  
[www.BCBS.com](http://www.BCBS.com)

December 21, 2018

Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: CMS-10572  
Room C4-26-05  
Baltimore, MD 21244-1850

Submitted via the Federal Regulations Web Portal, <http://www.regulations.gov>

**RE: Transparency in Coverage Reporting by Qualified Health Plan Issuers (CMS-10572)**

Dear Sir/Madam:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide comments on the proposed information collection, “Transparency in Coverage Reporting by Qualified Health Plan Issuers,” [CMS-10572] as issued in the Federal Register on Oct. 23, 2018 (83 Fed. Reg. 53474).

BCBSA is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies (Plans) that collectively provide healthcare coverage for one in three Americans. For more than 80 years, Blue Cross and Blue Shield companies have offered quality healthcare coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare and Medicaid.

We support initiatives to provide consumers with meaningful information about their coverage options. As CMS considers placing data submission requirements on Plans for transparency initiatives, it is critical that consumers receive accurate information, and that the utility and value of the information exceeds the administrative burden and costs to Plans and the government in making it available.

In particular, CMS proposes to amend the existing Transparency in Coverage data collection, including having Plans report plan-level claims denials categorized into six denial code categories aligned with the National Association of Insurance Commissioners (NAIC) Market Conduct Annual Statement (MCAS) data collection. This year was the first year that Plans submitted MCAS data to NAIC and Plans have reported a range of issues related to gathering and submitting the data. Given the concerns around the MCAS data collection and CMS' intention to align elements of their data collection with the MCAS, we recommend CMS not adopt the proposed changes to the Transparency in Coverage data collection. Instead, the

existing approach should be maintained until NAIC finalizes revisions to the MCAS data collection.

NAIC has been working with stakeholders for several years to refine the MCAS. Based on concerns about potential gaps in the reported data, NAIC plans to work with Plans and state regulators to obtain additional feedback on the submitted filings and make necessary changes. If CMS were to move forward with the proposed changes while NAIC refines the MCAS data collection, we are very concerned that the CMS data collection would require an additional burden on Plans to create separate systems for compiling data and there may be discrepancies between the CMS and MCAS filings.

Waiting until the NAIC finalizes revisions to the MCAS data collection will ensure that CMS and Plans avoid any unnecessary burden and costs created by continually adjusting the data collection to align with updates to the MCAS and would help to ensure the utility of the data provided to consumers.

Thank you for your consideration of our comments. If you have questions about the comments, please contact Noah Isserman ([noah.isserman@bcbsa.com](mailto:noah.isserman@bcbsa.com) or 202.626.8621).

Sincerely,

A handwritten signature in black ink, appearing to read "Kris Haltmeyer".

Kris Haltmeyer  
Vice President, Legislative and Regulatory Policy  
Blue Cross Blue Shield Association