

CMS Response to Public Comments Received for CMS-10526

The Centers for Medicare and Medicaid Services (CMS) received comments from one insurance company and one industry association related to CMS-10526.

Comment:

One commenter asked CMS to use a pipe-delimited file format in place of a template for reporting cost-sharing reduction amounts.

Response:

We agree that using a standard electronic file format will be a more efficient method of transmitting this data, and will align more closely with other Marketplace data collections. We will therefore change the method of collection from a template to a standard electronic file format. We will release additional information on the file structure and transfer protocols through separate technical guidance at a later date.

Comment:

One commenter suggested removing the data elements for member-level information because they are unnecessary and increase the cost of compliance, and removing the data element for the change-in-circumstance key code, as plans do not necessarily track this information and it would be burdensome to obtain. The commenter also asked CMS to remove either the “Plan benefit start/end date” or the “CSR effective date and CSR end date,” stating that these codes are redundant.

Response:

We agree with the commenter’s suggestion to remove the CIC code. We will also simplify the data collection for member-level information by requiring issuers only to provide the maximum number of members on a policy during the benefit year. For purposes of validating the CSR amounts being reported, we feel it is necessary to collect both the plan benefit and CSR effective start and end dates.

Comment:

Two commenters suggested adding an optional data element – the total amount of cost-sharing reduction amounts advanced to the issuer by CMS. The commenters said this would set a baseline of issuer expectation of reimbursement, allow CMS to investigate any discrepancies with its own total, and speed reconciliation.

Response:

We agree, and will add an optional data element for the total amount of CSR advanced to issuers.

Comment:

One commenter asked CMS to add additional lines for each member ID associated with a subscriber. The commenter noted that since CSR per member per month is paid at the subscriber level and most issuers are storing at the subscriber level, this data would make reconciliation easier.

Response:

Since CMS will not collect member level data, we believe this requirement would be burdensome to issuers.

Comment:

When will CMS provide issuers with 2014 member-level CSR data so that issuers now getting aggregated plan level CRS amounts can reconcile amounts advanced to amounts paid under the standard CSR recon methodology?

Response:

CMS is currently working with issuers and State-Based Marketplaces to transition from making aggregated plan-level payments to making payments on a policy-level basis. Issuers should have sufficient member level payment data for the 2014 benefit year by the time reconciliation of CSR amounts occurs in 2015.

Comment:

One commenter recommended that CMS provide clear descriptions of all data elements and clarify the standard format for the fields on the template or through technical documents explaining the data fields. Two commenters sought clarity on plan identification numbers and codes as well as the “Total CSR amount,” and whether issuers must enter all IDs ever assigned to an enrollee, or the last ID after a change in circumstance. One of the commenters recommended that CMS require separate fields for distinguishing individual member-level enrollment spans, including when the ending date of one policy is contiguous with the start data of the new policy.

Response:

CMS will provide additional technical guidance in the near future regarding the file structures, formats of specific data fields and the file transfer process protocols. We intend to label and provide examples of data elements, including the HIOS provided 5-digit issuer ID, 16-digit QHP ID and 10-digit QHP Product ID, Total CSR amount provided by the issuer and advanced by CMS. We will require separate reporting for

separate policies, and specify the proper format for reporting multiple enrollment spans for policies. We will also specify state and federal issuer and plan identifiers.

Comment:

One commenter asked CMS to consult with industry on attestation forms. A second commenter suggested the actuary meet the attestation requirement with a yes/no data field.

Response:

CMS will require issuers to submit an attestation for the standard methodology in a manner similar to that required of issuers for the advance payment of cost-sharing reduction amounts. As provided in 156.430(c) (3) (D)(iii), issuers using the simplified methodology are required to submit a memo by a member of the American Academy of Actuaries that “describes how the QHP issuer calculated the effective cost sharing parameters for the standard plan.” Attestation in both cases is part of this collection and would be submitted electronically.

Comment:

One commenter recommended that CMS allow issuers to report claims for the services in the 2014 benefit year that were received as of March, 31 2015. This is consistent with the run-out date for Edge Server.

Response:

We agree and will specify the 2014 claims benefit run-out date in our technical instructions.

Comment:

One commenter asked how issuers would be reimbursed for claims incurred in 2014 but paid after March 31, 2015.

Response:

Issuers will be reimbursed for 2014 cost-sharing reductions provided but not included in 2014 reconciliation in the 2015 year’s reconciliation process. For reconciliation of such claims, issuers would need to recalculate and restate 2014 claims. We will provide further guidance on this process at a later date.

Comment:

CMS estimates a total burden for issuers including annual reporting and capital costs at under \$2,000 per year. One commenter stated that this estimate underestimates the cost of complying with reporting requirements. One plan estimated the cost to be \$350,000 per year, including actuarial and IT resources.

Response:

This information collection burden estimate calculates only the cost of extraction of data. As stated in the Supporting Statement, we previously estimated the cost of actuarial and IT resources in the Information Collection for the 2014 Payment Notice and updated that estimate in the Amendments to the 2014 Payment Notice. We also estimated capital depreciation in the capital costs section of the supporting statement to this information collection. However, we agree with the commenters that our estimates likely underestimate the burden for the extraction. We have modified our estimates, increasing the per issuer burden for data extraction for the standard methodology from \$354.08 to \$945.40, and increasing the per issuer burden for data extraction for the simplified method from \$444.19 to \$1,644.70.

Comment:

Please provide clear guidance on audit process for CSR reconciliation.

Response:

Guidance on the audit process will be forthcoming.