Submitting Organization	Comment ID
Health Detail	004
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
BCBSA	005
Delta Dental	006
PCMA	007
PCMA	007
PCMA	007

PCMA	007
PCMA	007
PCMA	007
PCMA	007
PCMA	007
PCMA	007
PCMA	007
PCMA	007
Community Catalyst	008
United Concordia	009
United Concordia	009
United Concordia	009
United Concordia	009
United Concordia	009
United Concordia	009
National Association of Dental Plans	010
National Association of Dental Plans	010

AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
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AHIP	012
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AHIP	012
AHIP	012
AHIP	012
AHIP	012
AHIP	012
Harvard Pilgrim	013
Harvard Pilgrim	013
Families USA	018

Families USA	018
Families USA	018
AHIP	012
AHIP	012
StrideHealth.com	020
David Portnoy HHS IDEA Lab EntrepreneurinResidence	019
David Portnoy HHS IDEA Lab EntrepreneurinResidence	019

David Portnoy HHS IDEA Lab
EntrepreneurinResidence 019

Topic	Recommended comment reviewers
JSON	Ryan
Data collected	Bill, PM (benefits)
Data collected	Bill, PM (Rx)
Data collected	Bill, PM, Ryan
Data collected	Bill, PM (benefits)
Data collected	Bill, PM (benefits)
Data collected	Bill, PM (benefits)
Data collected	Bill, PM (Rx)
Data collected	Bill, PM (Rx)
Data collected	Bill, PM (Rx)
Data collected	Bill, PM (Rx)
Data collected	Bill, PM (Rx)
Data collected	PM (Leigha)
3rd party access	PM (Leigha)
Dental	Bill, PM (dental)
Terminology	PM (LAB)
Terminology	Bill, PM
3rd party access	PM (UNKN)

JSON	Bill, Ryan
Terminology	Bill, PM (Rx)
Data collected	Bill, PM (Rx)
Timing	Bill, PM
Compliance	Bill, PM
Timing	Bill, PM
Timing	Bill, PM, Ryan
Compliance	PM (Compliance)
Data collected	Bill, PM
Dental	PM (Leigha)
3rd party access	PM (UNKN)
Dental	PM (Leigha)
3rd party access	PM (UNKN)
3rd party access	PM (UNKN)
3rd party access	PM (LAB)
Dental	PM (Leigha)
Dental	PM (Leigha)

Data collected	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM (beneftis,) Ryan
Data collected	Bill, PM (benefits and Rx), Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
JSON	PM, Ryan
Timing	Bill, PM, Ryan
Data collected	Bill, PM
Data collected	PM (Rx)
JSON	PM (Rx)
Timing	Bill
JSON	Bill, PM, Ryan
3rd party access	Bill, PM, Ryan
Timing	PM (UNKN)
Compliance	PM (Adam)
3rd party access	PM (UNKN)

JSON	Bill, PM, Ryan
Data collected	Bill, PM, Ryan
Data collected	Bill, PM
Data collected	Bill, Ryan

JSON	Ryan

JSON

JSON

JSON

Comment/comment summary

The term "machine readable" is from the 1970s when computers had punch cards. Also, it is too ambiguous as, in theory, a machine can read most any type of format, though it may not be in a format that can be imported into a DB or analyzed ("non-structured"). The regulations go on to state that the format will be decided by HHS. If that is the case then we would strongly suggest that the format be general enough to provide enough differentiation for QHPs in the presentation of its different directories. (For provider directories, some QHPs have the ability to display one provider with many addresses, whereas others will display the same provider multiple times with the different addresses.) While the latter is not ideal, changing this would require significant investments in some cases. HHS requiring "XML or CSV format" enables the information to be imported into a database and analyzed, which we believe was the intent.

Remove this field (network tier) from plans.json

remove Drug Tier and Cost Sharing

remove plan contact

delete specialty field

delete "accepting patients" field

delete facility type

Remove drug-name

Remove quantity limits

Remove drug tiers

Remove cost-sharing sub-type

Include formulary ID

Remove "not less than monthly"

Add data use agreement

recommend that CMS consider the unique characteristics of dental providers when finalizing these fields. For example, “facility type” for a dental provider may be different than for other types of major medical providers. Specialty type is also unique for dental providers

Clarify intended users “third-parties” or “software developers” or “developers” or “marketplace consumers” or “enrollees”

Recommend that CMS clarify that consumers do not have access to these files on the issuer’s websites. Consumers will not understand the information presented in this format (whether JSON or another format).

We also would appreciate information on how CMS intends to use the information it collects under this PRA (list of sample questions about use on page 4)

As an alternative to JSON, we would recommend any of the following formats: Medicare Plan Finder, .txt, or .csv. Unlike with JSON, there is wide industry experience with these other formats.

We also strongly urge that CMS confirm that plans do not have to include all formulations of drugs on the formulary.

We recommend deletion of quantity limits, as there is such a large range of what can be in place due to the drug safety considerations.

We seek a delay in effective date until 2017.

We request that 2016 be treated as a trial or "soft rollout" year.

CMS could pilot this initiative and see how it works in a few states for formulary drugs lists.

Another alternative would be to allow issuers to format the lists of formulary drugs the same as is done for the QHP submission, create a file format, and allow that format to be used (true non-duplication of effort). At the same time, CMS could undertake a pilot as well.

If CMS insists on full implementation for 2016, then a good faith compliance standard should be used.

Add physical accessibility of providers' office

Stand-alone dental plans offering exchange certified off-exchange policies should be exempt from the machine-readable requirements

CMS set conditions on third party access to ensure that the general public does not have access to the JSON files and develop standards that address limitations on third party use of the data

If stand-alone dental plans are not exempt from this requirement then CMS should phase in the machine-readable requirements for "Exchange certified" dental networks starting in 2017

CMS should clarify that making the information available does not provide the public with unrestricted access to the JSON files and confirm that only approved third party software developers have access.

CMS should set conditions on third party access and develop standards that address limitations on the use of the data

CMS should address how a third party will be held accountable for inconsistencies between the issuer's data files and what is posted on the third party's website

Standalone dental plans offering "Exchange-certified" dental policies off the Exchange, in the private market, should be exempt from the requirement to submit machine-readable provider network data.

Phase in dental networks participating on Exchanges starting in 2017

Recommends that in year one, provider and Rx cost share not be included

Reduce the number of data elements in the plan file to simplify (list of suggested fields on page 3)

Remove email address for contact for errors

Remove network tier

Remove cost-sharing sub-type

Provide directory URL

Provide formulary URL

Reduce the number of data elements in the provider file (suggestions on pages 5 and 6)

Reduce the number of data elements in the drug file (suggestions on pages 6 and 7)

Recommend formulary data be listed by formulary ID, then each plan can be associated with the proper formulary ID

Recommend that for 2016 data collection happen with existing QHP templates (which AHIP called "machine readable") and institute JSON for 2017.

Recommend no pharmacies or laboratories be included

Recommend plans not include all formulations of drugs on formulary

Recommend plans have flexibility about how to populate non-preferred tiers of an open formulary, and that "default" drugs be sufficient for all non-preferred drugs

Recommend that live links not be required before 10/15/2015 and that the date the links are required be provided by CMS as soon as possible.

Recommend specifying that the level of data files be at the issuer level.

Create a contact registry for all third-party users

Recommends implementation not before 1/1/2016

If implementation prior to 1/1/2016, requests safe harbor for year 1

Specifically, we believe that safeguards must be in place to ensure that third parties will use the most up-to-date versions of provider directories and formularies to populate their tools, and be held accountable for doing so, such as through user agreements they sign. At no point should third parties be using data that is less up to date than the data that issuers use to populate their provider directories and formularies, and issuers should be required to update their publicly available machine-readable files every 30 days

Strongly support including “network tier,” but would recommend adding in example values of “tier 1, tier 2, tier 3,” to reflect common structures of network tiers

Physical accessibility of the provider’s facilities

Allow future effective date providers

Primary care status indicator

When formatted in a standardized, accessible manner, the data collection activities contemplated by this Notice create little to no additional burden on insurance carriers instead, we suggest mere reorganization of information already possessed and electronically organized by carriers. If that information is provided in a standardized format with the relevant context of the plans Summary of Benefits and Coverage, we believe they will be of maximum public utility

Fields specified by Medicare for a Model Provider Directory , consider adding these:
i. plan.json
1. Description of plan’s service area
2. Customer service phone number
3. Customer service hours of operation
4. Network services: healthcare/vision/dental
ii. provider.json
1. Provider type is defined more specifically: PCPs, Specialists, Hospitals, Skilled
Nursing Facilities, Outpatient Mental Health Providers, Pharmacies (rather than
Individual, Facility)
2. Neighborhood for larger cities (optional)
3. Provider website & email address (optional)
4. Provider supports eprescribing

Besides JSON, consider giving plans an option to provide their submission in an HTML with
microdata format. The reason is that for some, it’s advantageous to have both human and machine
readable data in a single document, rather than needing to maintain synchronization between them.
Webmasters might find microdata easier to work with than managing separate endpoints for JSON
files. And microdata can still be validated and converted into JSON. (There are already many ways
to extract JSON from microdata. For example, making an API call to http://rdftranslator.
appspot.com/convert/microdata/jsonld/
<source_URL>)

I propose implementing a proof of concept on the proposed schema with Medicare Advantage plans,
as a way to more adequately assess the burden and schema effectiveness, as well as serving as a
concrete example for QHPs to follow.

Disposition of Comment

Reject
Reject
Reject
Reject
Reject
Reject
Reject
Reject
Reject
Reject
Reject
Accept
Reject
Reject

Reject (consider for future)

Reject

Reject

Reject

Reject

Reject

Reject
Reject
Reject

Reject

Reject

Reject
Reject

Reject

Reject (duplicate)

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Reject (duplicate)

Reject

Reject (duplicate)
Reject

Reject (duplicate)

Reject (duplicate)

Reject in part; accept in part (already allows) (duplicate)

Reject
Reject
Reject (duplicate)

Reject (duplicate)

Reject (duplicate)

Reject
Reject
Reject (consider for future)
Reject

Reject

Some reject (consider for future); some accept (already allows)

Reject

Reject

Comment Category	Number of comments	Number of commentors
JSON	28	12
Dental	8	8
Timing of implementation	15	7
Data Collected	47	6
3rd party access	11	5
General Support	5	5
Partnership (with state and industry)	4	4
Terminology in PRA	7	3
Compliance	7	3
Burden	4	3
Legality	3	3
Timing of updates	2	2
Vendor compliance	1	1
RXNorm update by CMS	1	1
Needed CMS guidance	1	1
Integration with MA, etc.	1	1
Total	145	

Commentors
AHIP, BCBSA, Clear Choice, Consumers Union, Delta Dental, Family USA, Health Detail, National Association of Dental Plans, PCMA, United Concordia, StrideHealth, David Portnoy
Delta Dental, United Concordia, National Association of Dental Plans
BCSA, Delta Dental, PCMA, United Concordia, AHIP, Harvard Pilgrim, Clear Choice
BCBSA, Community Catalyst, AHIP, Clear Choice, Families USA
AHIP, BCBSA, Family USA, PCMA, United Concordia
PCMA, FHA, AHIP, Clear Choice
PCMA, United Concordia, AHIP
PCMA, Community Catalyst, Clear Choice
PCMA, Harvard Pilgrim, Families USA
BCBSA, PCMA, United Concordia
Anonymous, Anonymous, Anonymous
AHIP, PCMA
National Association of Dental Plans
AHIP
AHIP
Families USA

Section Edited	Paragraph/ page	Sentence	From
Developer Documentation Appendix A	2		Yes
Developer Documentation Appendix A	2		N/A
Developer Documentation Appendix A	3		network tier
Developer Documentation Appendix A	3		N/A
Developer Documentation Appendix A	3		N/A
Developer Documentation Appendix A	3		drug tier
Developer Documentation Appendix A	5		N/A
Developer Documentation Appendix A	5		N/A
Developer Documentation Appendix A	5		Percentage
Developer Documentation Appendix A	5		No
Developer Documentation Appendix A	7		Nothing
Developer Documentation Appendix A	7		Nothing
Developer Documentation Appendix A	8		Always
Developer Documentation Appendix A	8		N/A

Developer Documentation Appendix A	8		string
Developer Documentation Appendix A	8		Nothing
Developer Documentation Appendix A	8		Nothing
Developer Documentation Appendix A	8		Nothing
Developer Documentation Appendix A	11		formularies it is part of
Developer Documentation Appendix A	11		Formulary ID
Developer Documentation Appendix B			

To	Reason
Always	Comment to clarify
Added Formulary URL field	Comment to include formulary URLs in JSON--optional
Moved	Moved to network sub-type
Added benefits field	Include to capture benefits array for subtypes
Added last updated on field	track data updates from issuers

Moved	Moved to formulary sub-type
Beneftis sub-type section	Comment to include benefits sub-type
telemedicine	Comment to include telemedicine as an optional field
Rate	Improved terminology
Always	Comment to require coinsurance qualifier
Plans	Make plans an array
Added last updated on field	track data updates from issuers
No	Make middle name optional
Street Address	additonal field for better address collection

array	specialty as an array
Gender	Comment to add gender of provider
languages	Comment to add languages spoken
Street Address	additonal field for better address collection
plans that cover them	Improved terminology
Plans	Provide tie from drugs to plans
Index Schema	Add schema for indexing