

30 Day Public Comment Tracking Tool
Machine Readable Data for Provider Network and Prescription Formulary Content for
FFM QHPs
(CMS-10558)

Category	Comment Summary	Resolution
3rd party access	It is important that CMS and third party developers build these tools so that they can be easily turned off if testing reveals they are not functioning as designed.	CMS intends to monitor tool performance.
3rd party access	CMS should clarify how the machine-readable data will be used	We expect software developers to access this information to create tools to help enrollees better understand the availability of drugs and providers in a specific plan. This includes CMS software developers and tools on CMS websites.
3rd party access	We are concerned third party developers may not be able to identify and locate the full universe of issuer JSON files for a given market...we recommend issuer's upload their machine readable files directly to CMS via existing data sharing channels and displayed on a CMS website.	After investigation, we determined that the JSON file format is appropriate for this data collection.
3rd party access	We recommend that CMS develop a Disclaimer - User Agreement that all third party vendors who are accessing the web links of health plan files are required to sign. The Agreement should address limitations on the use of the data, require posting of common disclaimer language wherever data is posted (language provided), legal language (e.g., information is best available/not binding) and considerations for when data is aggregated...should include a hold harmless provision...request that CMS make public of comment the proposed draft Disclaimer-User Agreement.	Outside the scope of this document
3rd party access	CMS should create a registry system that contains the contact information of the third-party vendors with whole data use agreements will be signed	Outside the scope of this document
3rd party access	Only third parties or other members of the public who sign the data use agreement should have access to the files through a CMS managed website...(or) we recommend CMS put in place the IT security controls to include the ability to authenticate third parties that have sign the usage agreements...we are concerned that bad actors could cause denial of services by hitting public links nonstop given the large file sizes.	Outside the scope of this document

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3rd party access	Require that vendors show that they have no actual or perceived conflict of interest in ownership or investors that could impinge on an issuer's competitive position; and prohibit vendors from displaying or manipulating data in a way that could give any issuer(s) a competitive advantage over other issuers.	Outside the scope of this document
Burden	Provide more realistic burden estimates.	CMS has reviewed the burden estimate and determined it is appropriate
Data collected	We recommend an alternative approach of the (formulary) file layout that will not impact consumers or third party data users but will avoid duplication and reduce potential security risks. We recommend that the file include a Formulary ID data element to organize drug information by formulary which would be cross referenced in the plan's JSON file. (sample developer document)	CMS has considered this comment and determined that adding this additional data element is not necessary to prevent duplicative efforts.
Data collected	We recommend the optional field for telemedicine be reconsidered for future years to allow time for further discussion and the development of a standard definition.	We believe that information about telemedicine is valuable to consumers and are including it as an optional field.
Data collected	We support the inclusion of a "last updated on" field in the provider file. We recommend this reference the date on which the data for the JSON file was created. As it is proposed the last updated date is included for each individual provider record which is not necessary.	The "last updated on" field is the last date for which the provider or drug information was updated.
Data collected	We recommend that accepting new patients field is moved to the plans sub-type, which would permit an issuer to reflect that a particular provider is accepting patients for one QHP and not another, similar to how network tier is represented (where a provider may be in different network tiers across QHPs.)	CMS is not collecting data at this level at this time, but may consider for future releases. CMS will provide clarifying language in the guidance documents.
Data collected	...we request that Provider Network Tier, Drug Tier and Cost Sharing, Accepting Patients, Facility type, Quantity Limits, Cost Sharing Sub-type, Telemedicine, Provider sex, languages, etc. be moved back a year to allow issuers and CMS to address any potential issuers prior to adding additional data elements.	HHS Notice of Benefit and Payment Parameters for 2016 establishes that 45 CFR 156.122(d)(1)(2) and 156.230(c) are effective on January 1, 2016.
Data collected	We support the inclusion of a plan contact email address...however, we do not support releasing (it) for consumers and developers to report what they believe to be errors.	The Plan Contact information will be available through the publically accessible JSON

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		file, but will not be available on the user interface
Data collected	We recommend...modifying plans.json, providers.json, and drugs.json – generally by removing data elements, but in some cases adding data elements – to provide the minimum data necessary for assisting consumers.	We have consider all comments regarding data to include in the JSON file and have determined that all items requested are necessary
Data collected	Do not require issuers to include the names of facilities that establish relationships only with providers, not patients, such as labs performing pathology services.	CMS is accepting this comment. CMS will provide clarifying language in the guidance documents.
Data collected	Do not require issuers to include all formulations of drugs...Including every drug formulation will require a greater level of effort, which will significantly increase the burden detailed in the information request.	We have considered this comment and determind that issuers should include all RxCUIs, which includes all drug formulations
Data collected	In provider.json, add "Organization" as third type of provider (INDIVIDUAL, FACILITY, ORGANIZATION)	CMS will consider for future versions
Data collected	Add schema version fields that enables future maintainability and data integrity.	CMS has considered this comment and determined that data integrity is maintained with an existing "updated on" field.

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Dental	DDPA is concerned that the Information Request adversely impacts SADPs that are not participating in the Marketplaces. The Information Request published on June 26, 2015 indicated that "SADPs must meet all QHP requirements" and that CMS "expects SADPs issuers to adhere to machine-readable requirements for off-Marketplace SADPs." The Final Notice of Benefit and Payment Parameters published in February of 2015 made no mention of any such requirement. Further, the final regulation from which HHS seeks to assert the authority to promulgate this requirement is limited to issuers in the FFM. 45 CFR 156.230(c). With only a few months until open enrollment begins, it seems disruptive to press this requirement on Off-Marketplace SADPs. Issuers have made the choice not to offer these SADPs on the Marketplaces and imposing this operational requirement this late is counterproductive to the intent of the rule which is to benefit consumers. At a minimum, DDPA recommends postponing the enforcement of the machine readable requirements on Off-Marketplace SADPs until the next open enrollment period.	CMS is accepting this comment.
Guidance	We recommend that CMS within the next two weeks release technical guidance addressing the URL submission process.	Outside the scope of this document
Guidance	We recommend that for this year's submission CMS use the same (RxCUI) source and version that is required for the prescription drug template (November 3, 2014, full monthly release of RxNorm) and that that version be updated on, preferably, a monthly basis to ensure that monthly updates for the posted machine readable formulary remain in sync with changes or new drugs introduced to the market over the course of the year.	Outside the scope of this document
Guidance	Clarify Rx supplies, such as diabetic test strips, which have no Rx CUI.	CMS will provide clarifying language in the guidance documents.
Guidance	Provide clarifying language regarding NPIs...the utilization of NPIs is not perfect (e.g. providers may have multiple NPIs or submit bills under an institutional NPI).	CMS will provide clarifying language in the guidance documents.
Guidance	Specify guidelines for accessing JSON files to avoid exorbitant expenditures on hardware and bandwidth that issuers might otherwise have to make. For example, vendors may have to request and comply with schedules and maintenance downtimes from issuers.	Outside the scope of this document

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Guidance	DDPA recommends CMS reconsider these issues and within the next two weeks release technical guidance addressing...If CMS plans to create a master list of plan websites, the ability for health plans to preview this list to ensure that their links are displaying correctly and are functional.	Outside the scope of this document
Integration	We recommend that all plans be displayed in the plan results page , including plans that do not include a drug or doctor selected by the consumer and that CMS recommend the same approach is used for third party users.	Outside the scope of this document
Integration	CMS should clarify the language that will be used when the selected doctor or drug is not displayed with the plan results.	Outside the scope of this document
Integration	If the logic to suggest searches for generic options along with brand name drugs is not implemented similar to Medicare, we suggest that educational language be included to alert consumers to search both generic and brand drug names.	Outside the scope of this document
JSON	We recommend the data (web links) is provided at an issuer level to reduce the number of separate files that are posted.	The JSON file format supports web links at multiple levels. CMS will provide clarifying language in guidance documents.
JSON	Additional guidance for whether there should be separate JSON files for providers and practitioners	The JSON file format supports providers and practioners in either the same or in separate files and CMS will provide clarifying language in guidance documents
JSON	If a particular method is expected or required, clarify how to support multiple addresses for a provider. (1. duplicate the entire provider object for each address, 2. send additional 'address' objects within a provider object or 3. send a list of 'address' objects instead of a single one within a provider object.)	The JSON file format supports multiple addresses for issuers by duplicating the provider object for each address. CMS will provide clarifying language in guidance documents.
JSON	Recommends using API in lieu of the JSON file	We have considered all comments and determined that a JSON format is appropriate.

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JSON	We recommend CMS consider creating a central website for insurers to load their machine-readable files and where third parties can go to capture all insurers' files.	After investigation, we determined that the JSON file format is appropriate for this data collection.
JSON	Create a third (provider) type, "Pharmacy."	We have considered this comment and will not create a third provider type, "Pharmacy." However, issuers may split their JSON files however they wish. CMS will provide clarifying language in the guidance documents.
JSON	In provider.json, show array of network affiliations, add specialty, add NetworkID. (Please reference commenter's document)	CMS will consider for future versions
JSON	In plans.json, add Network ID based on each 14-digit plan ID	CMS will consider for future versions
JSON	Recommend to add a new entity: networks.json . This entity could be optional for now, but is a more accurate and concise way to describe real world insurance coverage	CMS will consider for future versions
JSON	The "machine readable" requirement should be more explicitly defined as it pertains to the proposed schema. It should be stated that to meet this requirement, a file should pass an agreed upon schema validator . There's already one configured for the proposed QHP schema: https://github.com/adhocteam/qhpvalidator .	CMS has considered this comment and we will not require schemas to pass a schema validator.
JSON	DDPA recommended CMS consider the unique characteristics of dental providers when finalizing the provider schema. Specifically, DDPA noted that the "facility type" for a dental provider may be different than for other types of major medical providers.	CMS has considered the unique characteristics of dental providers and determined that the current schema can be used.

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Legality	...the proposed information collection does not satisfy...“minimize the Federal information collection burden” and “maximize the practical utility of and public benefit from information collected by or for the Federal Government.” 44 U.S.C. § 3504(c)(3), 4)...(and)...“using plain, coherent, and unambiguous terminology,” so that they are “understandable to those who are to respond” and to ensure that information collections are “consistent and compatible, to the maximum extent practicable, with the existing reporting and recordkeeping practices of those who are to respond.” 5 C.F.R. § 1320.9(d), (e).	CMS has considered this comment and determined that the PRA complies with 44 U.S.C. § 3504(c)(3) and 5 C.F.R. § 1320.9(d), €
Policy	Disagrees that the machine-readable file will be most up-to-date information when it is only updated monthly. "The best source for an up-to-date provider directory is the issuer's own site, which links directly to the provider directory.	Machine-readable data files are expected to be updated not less than monthly.
Terminology	Release common data definition for Summary URL...delete the field to avoid the display of incorrect cost sharing information for those eligible for reduced cost sharing	The summary URLs are collected for the standard plan variant ("01"). CMS will provide clarifying language in guidance documents.
Terminology	Release common data definition for "Array" of Providers...individual practitioner information and facility information , as is the case with the QHP templates with network adequacy information or...at the group practice level or both?	CMS will provide the definition for "Array" of providers in the guidance documents.
Terminology	Release common data definitions for Specialty & Facility Type; recommend that CMS recommend (but not require) Healthcare Provider Taxonomy Code Set	Outside the scope of this document
Terminology	Define "third-parties," "software developers," "developers," "marketplace consumers," and "enrollees."	Outside the scope of this document
Terminology	There is...mention of a "machine-readable URLs" (sic) and it is unclear what this is referencing.	CMS will provide clarifying language in the guidance documents.
Terminology	Identify the enumerated values to use for “Facility Type”. Consider using the same vocabulary as in Network Adequacy Template.	CMS will provide clarifying language in guidance documents.
Terminology	Enumerated values throughout the Cost Sharing subtype should be defined more specifically: pharmacy_type, copay_opt, coinsurance_opt. While examples are given, it’s not clear whether they define the entire vocabulary. Consider using the same vocabulary as used for Plans & Benefits Template .	CMS is accepting this comment. CMS will provide clarifying language in guidance documents.