

Transparency in Coverage Summary of 30-day Comments

Category	Comment Summary	Resolution
Timing and collection process	Clarify the timing for the reporting process and the data elements being collected. Do not collect at the same time as QHP certification.	We will provide further guidance and training on the process and timing once we finalize the package. We expect this to happen in the next 60 days. We expect the data collection for fulfillment of 2016 and 2017 reporting to occur in the summer and fall of 2016, so that consumers may view the information at 2017 open enrollment.
	Several commenters supported the phased implementation of transparency reporting requirements.	We appreciate the comment and plan to finalize the data collection as a phased-in process.
	One commenter provided suggestions for the specific periods for which each data element should be reported. For example, the commenter suggested collecting claims denial and appeal information in calendar year 2017 for display starting with the 2018 open enrollment period, using 2016 data.	In our phased in approach, we will initially collect claims denial and internal and external appeals figures starting for 2017 compliance. Collection and display of this data element will be valuable to consumers. Detailed reporting instructions will be provided issuers once we finalize the data collection package.
Periodic financial disclosures	Commenters supported our proposal to display periodic financial disclosures.	We appreciate the comment and will move forward with the data display.
Enrollment data	Define what the data means.	CMS will include a data dictionary for display along with the Transparency PUF.
Claims data	Do not display information on claims denials at this time, or do not approve blanket ability to collect data on claims denials and approvals beyond the data elements in Appendix A. Consider adding claims denial reason codes. Provide data that is useful to consumers. Do not include claims processed by third parties on behalf of the issuer.	In our phased in approach, we will initially collect claims denial and internal and external appeals figures starting for 2017 compliance. We consider this data collection element to be useful to consumers. We are not seeking OMB approval of data elements beyond those listed in this information collection request and are not requiring reporting of denial codes at this time. We would propose any changes in a future PRA package and would seek public comment. We are requiring issuers to report on claims processed by downstream entities.
Data on rating practices	No proprietary or confidential information should be released to the public.	We do not propose releasing any confidential or proprietary information.
Data on disenrollment	Commenters supported collection and display of disenrollment data.	We appreciate the comment and plan to finalize the collection of this data element.
Scope of data	Data collection should be consistent and required	CMS plans to implement a phased in approach and will

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collection	reporting by all group plans.	consult with the Departments of Labor and Treasury. In addition, HHS, the Department of Labor, and the Department of Treasury intend to propose transparency reporting rules for non-QHP issuers and non-grandfathered group health plans, and those rules may differ from the rules for QHP issuers and will take into account differences in markets, and other relevant factors.
	Commenters appreciated CMS' proposal to use existing data sources, when possible, to reduce burden.	CMS will continue to use existing data sources, when possible.
	Commenters suggested that CMS work with the National Association of Insurance Commissioners (NAIC) to finalize data point definitions.	CMS has been working with the NAIC to avoid duplicative or conflicting data requirements and definitions. CMS has relied on the most recent draft of the NAIC Market Conduct Annual Statement (MCAS) and the MCAS definitions to define many of the data points in this information collection.
Data display	CMS should provide disclaimer language in the PUF to explain any limitations with regards to the data.	CMS will provide such language.
Issuer contact information	Some commenters suggested not collecting issuer contact information and instead using existing data.	Collecting this information will allow us to have a dedicated point of contact for the purpose of transparency reporting, whereas other points of contact may not be able to respond to transparency questions from CMS. Nothing prohibits issuers from using the same contact for this purpose, however.