

CMS Response to 60-day Public Comments Received for CMS-10526

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

Comment:

Rather than removing the Plan Level data elements, we recommend CMS keep these as optional data elements to minimize changes to the reconciliation process. Removing these data elements would require IT development to change the process by which issuers extract, validate, and test CSR data and could impact submission and validation.... If these data elements are not removed, but considered optional for submission of 2016 data, CMS should clarify the impact on restatement of prior year data.

Response:

We retained Plan Level data as optional, with the exception of one data element, “Total Number of Exchange Subscribers,” which instead will be collected in the Issuer Summary report. We explained to issuers in the CMS manual on reconciliation for 2016, which discusses restatements for the first time, that except for the previously mentioned data element, Plan Level data elements are also optional for restatements.

Comment:

In PRA request, CMS proposes to collect Total Annual Premium (Plan Level) and Total Monthly Premium (Policy Level). These data elements were removed from the 2014 and 2015 submission requirements and we believe they were errantly included in the PRA, as they are not included in the Draft Manual. Thus, we recommend that Total Annual Premium and Total Monthly Premium not be collected as part of the 2016 data submission. CMS should clarify in the final manual that these are not required data elements.

Response:

These data elements were made optional during data submission for the 2014 and 2015 benefit year (which occurred in 2016) and continue to be optional for the 2016 benefit year, (data submission 2017) and we so state in the annual 2016 manual on data submission for CSR reconciliation as well as on the 2016 technical specifications themselves.