

APPENDIX A – CMS RESPONSES TO PUBLIC COMMENTS RECEIVED FOR CMS-10371

The Centers for Medicare and Medicaid Services (CMS) received four comments, all from individual members of the public (four were anonymous), all of which were generally within the scope relative to CMS-10371. Since the comments were brief, they have all been quoted below along with CMS's response.

Comments:

1. The new requirements appear to double the workload of this already extensive report. We believe CMS has significantly underestimated the level of effort required for States to develop this report and the burden it places on States.
2. The window for a State to generate the current version of the OE Expanded Priority report is already short and does not properly allow for any technical challenges and extended internal QA and review time. CMS is suggesting that the metrics be doubled. How long will States now be given to produce this report after OE ends?
3. Gender vs. Sex Assigned at Birth: Some of the proposed metrics in the OE Expanded Priority report continue to reference "gender," while the current (non SOGI) data collection focuses on "sex assigned at birth." We recommend aligning the terminology of the current and proposed gender metrics to prevent confusion and ensure consistency across reporting and data collection systems.
4. Some of the proposed changes to the OE Expanded Priority metrics lack clarity or appear inconsistent with current practices.

For example:

- a. Reporting on the CSRs applied to non-silver plans (unless referring to AI/AN plans with CSRs)
- b. Reporting on APTC applied to catastrophic plans

If proposed changes are imposed, we request clear definitions and explanations for these metrics to ensure accurate reporting.

Response:

1. Thank you for your feedback. We acknowledge the increase in workload and will take this into consideration. Please note that not all changes would be implemented immediately after PRA finalization. Prior to making additions to the current SBM Expanded and Bi-Annual reporting templates, CMS will collaborate with SBM teams for feedback on any potential additional data requirements and reporting timelines.
2. Thank you for your feedback. We acknowledge the increase in workload and will take this into consideration. Please note that not all changes would be implemented immediately after PRA finalization. Prior to making additions to the current SBM Expanded and Bi-Annual reporting templates, CMS will collaborate with SBM teams for feedback on any potential additional data requirements and reporting timelines.
3. Thank you for your feedback. We will take this into consideration. The Metal Level by Financial breakouts were intended to align with HealthCare.gov reporting in the current Public Use Files.

Additionally, CMS intends to remove the relevant financial breakouts for catastrophic plans. Prior to making additions to the current SBM Expanded and Bi-Annual reporting templates, CMS will also collaborate with SBM teams for feedback on current SBM operational practices to align reporting definitions.

4. Thank you for your feedback. We will take this into consideration to align reporting terminology with the HealthCare.gov application, SBM applications, and current directives.