



September 11, 2023

The Honorable Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via www.regulations.gov

Re: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs [CMS-1772-P]

Dear Administrator Brooks-LaSure:

The Alliance of Community Health Plans (ACHP) appreciates the opportunity to comment on the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs proposed rule, specifically the request for comment on aligning the No Surprises Act and Transparency in Coverage requirements. ACHP strongly supports making health care price transparency more consumer-friendly without increasing burden on providers and health plans.

ACHP represents the nation's top-performing non-profit health plans improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that deliver high-quality coverage and care to tens of millions of Americans across nearly 40 states and D.C. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment and data driven systems improvement.

ACHP member companies put consumers first, utilizing integrated and aligned provider relationships to deliver a seamless patient experience. We have long supported price transparency tools that are consumer-friendly and focus on the information that consumers actually need. **In response to the Administration's request for comments on consumer-friendly displays and alignment with *Transparency in Coverage (TIC)* and *No Surprises Act*, ACHP requests the Administration refrain from further rulemaking at this time.** The hospital and payer requirements for machine-readable files are still being refined and the final provisions for the payer TIC requirements don't go into effect until January 1, 2024. ACHP encourages CMS to allow time for consumers to process this newly available information before creating additional requirements. In addition, CMS should take into account the following:

1. **Consumers Are Not Aware of the Pricing Information Currently Available.** Building price transparency tools and creating machine-readable files has not driven consumer behavior change to date, despite health plans offering creative incentives to increase utilization. New requirements, or modifications to existing requirements, alone will not increase consumer use or awareness of pricing information. ACHP requests the Administration help inform consumers of the options that are now available in partnership with ACHP and other likeminded organizations. With time, we



believe access to this information will slowly adjust consumer behavior in health care shopping. When that happens, consumers will be able to voice and provide feedback about how these tools do or do not meet their health care shopping needs – at which point, modifications to current requirements may be warranted.

2. **Companies That Are Analyzing Machine-Readable Files Need Time To Make Them User-Friendly.** ACHP firmly maintains that machine-readable files are not consumer-friendly and were never intended for direct consumer use. The machine-readable files from a single organization alone are massive and will require significant time to analyze and draw valuable insights. These files hold the most value for researchers, market analysts and other hospitals and payers because these organizations and individuals are equipped to process massive amounts of data. The only way machine-readable files will be consumer-friendly is if these entities have time to turn them into actionable and user-friendly tools. In addition, it's still uncertain whether these insights will offer any additional value to consumers beyond that of insurers' cost estimator tool.
3. **Health Plan Cost Estimator Tools Are Still Under Development.** The health plan cost estimator tool requirements are complex and still relatively new. Payers will need time to operationalize the new cost estimator tool requirements, adjust and draw relevant insights to ensure it meets consumers' needs. ACHP member companies have dedicated significant time and resources to develop cost estimator tools and will continue to invest to drive member utilization, improve accurate estimates and enhance features for "consumer shopping". Adequate time is necessary to evaluate the tools and gather consumer feedback to ensure it offers consumers' value.

ACHP reiterates our support for health care pricing information that is consumer-friendly and helps inform care decisions that best meet their health and financial needs. We look forward to working together to advance consumer focused, high-quality pricing information.

Please contact Ginny Whitman, Public Policy Senior Manager at vwhitman@achp.org or 202-255-7775 with any questions or to discuss our comments and recommendations further.

Sincerely,

Dan Jones

Dan Jones
Senior Vice President, Federal Affairs
Alliance of Community Health Plans