



April 16, 2015

Mr. Ryan Kooy
Ms. Ysamar Dominique Arthur Hopkins
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

RE: Request for Information to provide consumers out-of-pocket cost estimates for qualified health plans available through the Federally Facilitated Marketplace

Dear Mr. Kooy and Ms. Arthur-Hopkins,

The Diabetes Advocacy AllianceTM (DAA) appreciates the opportunity to comment on the availability of tools for consumers purchasing coverage in the federally-facilitated marketplaces (FFM). The DAA is comprised of 20 member groups representing patient, professional, and trade associations, other nonprofit organizations, and corporations. The DAA strives to influence change in health care policy and in the US health care system to improve diabetes prevention, detection and care.

The DAA is committed to ensuring that people with diabetes have access to high-quality, affordable health care and adequate patient protections in health insurance coverage. While there has been significant progress on the coverage expansion goals of the Affordable Care Act (ACA), the DAA offers these comments to the Department to help ensure that this coverage provides high-quality care and affords patients with diabetes all of the protections included in the ACA.

The FFM is soliciting more information about the availability of tools that would help consumers evaluate different attributes of Qualified Health Plans (QHPs) to identify those that best meet their needs. We believe that widespread development and use of these tools can help make real the promise of patient choice underlying the ACA. Furthermore, we believe it is critical for patients to be empowered to select plans that best meet their needs. These tools are particularly essential for patients with chronic conditions like diabetes, who must select plans that cover their providers, their care, and their medications to ensure greater quality and more affordable care.

We appreciate the Department's efforts and dedication to improvements made to Healthcare.gov since the first open enrollment period in the fall of 2013. While most plans currently have direct links to provider networks provided by plans and medications that are covered, we believe there is an opportunity to significantly improve resources for individuals purchasing coverage.

We ask that the Department consider building an out-of-pocket calculator that allows consumers to estimate their expected costs for the year. While a number of state-based exchanges have developed tools that give consumers a general sense of their expected expenses, none of the tools are as robust as the Part D Plan Finder.

Similar to the tools that many health plans provide for their members today, we believe it is critical to ensure the provision of tools that allow patients to select their providers and assure that there is coverage for their medications when searching for a plan. For people who struggle daily to manage their diabetes well, providing tools that make the selection process as clear and simple as possible is critical. Developing tools such as searchable formularies (like Colorado's tool) and provider directories (like those in Colorado, Kentucky, and Washington) would allow consumers to compare a number of plans through a single search function significantly easing the current burden consumers face when trying to compare and understand the differences amongst plans. Furthermore, this functionality is critical to allow consumers to understand the applicability of the deductible, as well as associated cost sharing patients are likely to face. Any out-of-pocket calculator should incorporate patients' providers and medications to ensure that a patient receives an accurate representation of what their costs are likely to be.

We support the Department's efforts to gather information from potential third party vendors and urge the Department to move forward with a request for proposal so many of these consumer-directed tools can become common throughout the marketplaces. We believe finalizing the requirement in the Final Notice of Benefit and Payment Parameters¹ that plans in the FFM must provide data in a machine readable format was an important first step because it will enable marketplaces to create comparison tools that will assist people in making good choices among competing plans.

The DAA appreciates this opportunity to offer our suggestions on the availability of tools for consumers purchasing coverage on the federally-facilitated marketplace. If you have any questions or need any further information relating to our comments, please do not hesitate to contact one of the DAA co-chairs: Tricia Brooks at tiib@novonordisk.com or Mary Pat Raimondi at mramondi@eatright.org.

Sincerely,

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¹ 80 Fed. Reg. 10830