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October 21, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–9982–NC
P.O. Box 8016
Baltimore, MD 21244–1850

RE: CMS–9982–NC

Dear Centers for Medicare & Medicaid Services:

The Accredited Standards Committee X12 (ASC X12) submits the following comments regarding the Solicitation of Comments for Summary of Benefits and Coverage and Uniform Glossary—Templates, Instructions, and Related Materials Under the Public Health Service Act.

ASC X12, chartered by the American National Standards Institute more than 30 years ago, develops and maintains EDI and CICA standards along with XML schemas which drive business processes globally. The diverse membership of ASC X12 includes technologists and business process experts, encompassing health care, insurance, transportation, finance, government, supply chain and other industries. For additional information, visit www.x12.org or e-mail: chair@x12.org.

ASC X12 has the following comments regarding the Glossary of Health Insurance and Medical Terms, found in Appendix E on pages 52528-52530.

1. General Comments which apply to the glossary as a whole.

X12 Comment: The terms in this glossary are defined differently than the way the terms are defined for use in the administrative and financial transactions adopted under HIPAA and other provisions of health care reform. This creates an issue if the Summary of Benefits Coverage uses

such terms differently than the transactions. There will be misunderstandings between patients and providers since they will apply different definitions, impacting their ability to achieve a mutual understanding. There must be alignment between member and provider communications regarding the use of the terms.

Some of the definitions do not have other terms within the glossary bolded as indicated is done at the beginning of the glossary.

Any revisions of the terms in the glossary must be reflected in the templates and updates applied there as well.

2. *Page 52528 Emergency Medical Transportation: Ambulance services for an emergency medical condition.*

X12 Comment: This definition as listed has no accommodation for routine scheduled medical transportation services, e.g. Basic Life Support (BLS) and appears to apply solely to Advance Life Support (ALS) transportation services. Routine scheduled transportation may occur for a patient with emergent care needs. There are also instances where transportation is provided for non-emergent reasons, e.g. a patient needs transportation to a regular office visit or a transfer from one facility to another facility but is done using an ALS transportation service. Any or all of these types of transportation services may be a paid benefit.

3. *Page 52529 Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan or if your health insurance or plan has "tiered" network and you must pay extra to see some providers.*

X12 Comment: Patients will not always pay more to see a non-preferred provider or those outside of a tiered network, but the glossary states it as "you will always pay more" instead of a "you may pay more".

4. Page 52529 *Out-of-Pocket Limit: The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses towards this limit.*

X12 Comment: Policy period would better be referred to as benefit year. We also suggest that the definition not state the "limit never" as the limit may in some instances include one or more of the items listed, depending on how the member's benefit contract defines what can and cannot be balanced billed.

5. Page 52530. *Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drugs or durable medical equipment is medically necessary. Sometimes this is called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise that your health insurance or plan will cover the cost.*

X12 Comment: The current definition implies that emergency services never require a preauthorization, but that is not an accurate statement. Emergency services do in some instances require preauthorization, however retroactively. It would be helpful for the definition to instruct the patient to always check the requirements of their benefit policy.

6. Page 52530. *Rehabilitation Services: Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.*

X12 Comment: We suggest that the entire entry for "Habilitation Services" on page 52529 be removed as "Rehabilitation Services" includes "Habilitation Services", as they are not separate and distinct in business and practice. If there is a need to retain both, then "keep" should be removed from this definition.

7. Page 52530. *Skilled Nursing Care: Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.*

X12 Comment: The definition in the appendix seems to be for two different terms. It is unclear whether the intention is to define where skilled nursing care can be provided or what is the level of care for skilled nursing care.

8. Page 52530. *Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.*

X12 Comment: In practice, specialists do not focus on a “group of patients”; they focus on patients that have a specific condition or conditions.

9. Page 52530. *Urgent Care: Care for an illness, injury or condition serious enough to require prompt care but not so severe as to require emergency room care.*

X12 Comment: This definition is based on the severity of illness, which is not in most cases the determining factor of whether care is provided through an urgent care setting. It is more often determined by accessibility of location and hours. Such differentiation in level of care is more generally applied within a facility, not by the choice of where a patient goes to seek care.

ASC X12 stands ready to help in any activity where our considerable experience can be beneficial.

Sincerely,

/s/

Cathy Sheppard

Chair, ASC X12

/s/

Margaret Weiker

Chair, ASC X12N Insurance Subcommittee