

Transparency in Coverage Information Collection (0938-1310)
60-Day Public Comment Response Summary (Ended 6/20/2025)

Comment Type	Comment Summary	Response
Burden	One commenter (a major organization representing insurers) wrote to share their input regarding the Transparency in Coverage (TIC) collection. They indicated that they “support efforts to improve the regulatory process and believe enhancing the accuracy and utility of [TIC] data while simplifying the reporting process will more provide more meaningful transparency to consumers while reducing regulatory burdens”. To this end, they put forward several suggestions to adjust the collection, including around when and how CMS publishes the results of the review, the definitions and granularity of collection elements, and the logistics of data submission.	CMS appreciates the detailed feedback this commenter provided and will consider these suggestions into future collection updates, as feasible and applicable. In particular, CMS will consider making adjustments to the Transparency in Coverage instructions , published annually, to ensure that data elements are clearly defined, and to the PUF data disclaimer, to enable consumers, researchers, and other stakeholders to effectively engage with the data issuers provide in response to this review.
Burden	One commenter (an individual graduate student studying public health) wrote in support of the TIC collection and suggested additional steps for the agency to consider as part of this activity. These suggestions include updating the TIC PUF to be more easily and intuitively accessible, including demographic data in claims reporting, considering opportunities to utilize artificial intelligence or other smart solutions for data processing and analysis, and producing an annual review of transparency data. The commenter concluded by commending the TIC collection and encouraged the use of this collection to advance equity initiatives.	We will take this feedback into consideration for future enhancements. Further, as noted in this PRA package, the agency is seeking to expand the collection at this time to, among other things, capture more granular behavioral health data.
Burden	One (anonymous) commenter wrote to remark that there is “persistent opacity in insurance billing and coverage decisions” and raised questions around how CMS can best mitigate that opacity through plain language requirements and accessibility consumers speaking languages other than English. This commenter also urged CMS to “consider partnerships with labor unions and worker centers to disseminate coverage information and support workers in understanding their rights” related to health insurance coverage.	CMS recommends that interested stakeholders review the information published on the CMS Website regarding efforts to ensure that communications are 508-compliant , written in plain language, and otherwise accessible. There are existing requirements related to this at 45 CFR 155.205(c).

06/27/2025

Transparency in Coverage PRA