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To: EBSA, E-ORI - EBSA

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Subject: comments on RIN 1210-AB63

This comment addresses the proposed rule released by the Department of Labor and the proposed revision in the form 5500 issued by the Departments of Labor and Treasury and the Pension Guaranty Corporation, both on July 21, 2016. Under these proposals, the revised form 5500 would include a schedule J that would require reporting by ERISA plans regarding group health plans. The proposed schedule J would collect information regarding enrollments, claims, and appeals and various financial data on plans.

At its summer meeting on August 29, 2016, the executive and plenary of the National Association of Insurance Commissioners approved a new Market Conduct Annual Statement for Health. The MCAS data collection instrument (blank) and instructions can be found here. http://www.naic.org/documents/committees_d_mapwg_related_map_adoped_health.pdf Data will be collected from insurers of large and small group plans, as well as individual plans, using this blank and definitions beginning with calendar year 2017, with the first data due September 30, 2018.

Although many ERISA plans are self-insured, many continue to be insured. Many self-insured plans also contract with an insurer for administrative services only. It would make a great deal of sense not to require insurers to submit the same information to both the NAIC and the Departments of Labor or Treasury using different definitions or categories. As both the NAIC and the Departments seek to develop denial code classifications, for example, it is very important that the NAIC and the Departments coordinate to the extent possible so that insurers are not required to classify the same denial codes differently depending on to whom they are reporting. The Centers for Medicare and Medicaid Services is also currently developing reporting requirements pursuant to sections 2715A and 1311(e)(3) of the Affordable Care Act, initially for qualified health plans, and should also be at the table for drafting reporting requirements.

Labor and Treasury should coordinate with HHS and the NAIC to develop uniform reporting requirements to simplify the burden on issuers and health plans, ensure necessary information for regulatory oversight, and provide transparency for consumers. Consumers, issuers, health plans, and state and federal regulators should be involved in the process of developing categories and classifications for reporting to ensure that all interests are served and respected.

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