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To: [E-OHPSCA-ER.EBSA; phig@cms.hhs.gov](mailto:phig@cms.hhs.gov)
Subject: comments on 2012-17
Date: Thursday, March 01, 2012 3:06:43 PM

Good afternoon,

Proposed regulations that will lead to a mass confusion between issuer responsibility and employer notification can be avoided IF the following is considered immediately:

1) An employer is given either 30 or 60 days advanced notice of a renewal. During that time, they must consider the increases and adjust benefits to allow for affordable healthcare to continue in the workplace OR increase contributions. Meanwhile, the employer must have the insurance "shopped" for competitive rates and plan designs. All of which takes at least 30 days.

How can a carrier AND employer be responsible to send notification of modifications to the employees 60 days prior to renewal?

This is NOT feasible. This is simply a way for the Government to collect additional revenue from employers trying to continue a group health plan.

PLEASE consider the impossibility of this regulation and alter it to a reasonable timeframe.

2) Please explain the 9.5% employee figure and how it relates to the coverage purchased. Does the 9.5% apply to single premium and plan OR if the employee applied for family premium/plan, it will in many, many cases over the 9.5% for a family plan vs the single premium/plan. This will force the employee OUT of the group health plan and straight into the Exchange plan (eventually), which MAY collapse the group plans' participation.

-the 90 day waiting period will be disastrous if you do not make a provision to allow for **90 days and the first of the following month.**

You cannot expect all plans, and believe me, most have this already, to change their administration policy to have mid-month adds and terminations.

3) for the employer that is unsure as to whether or not their employee will be f/t or p/t and use the additional 90 days to complete a "trial" or "determination", do they back-date the coverage to the 90th day (or first of the following month after 90 days, which I hope you'll change).

If they back-date, what happens to the premium paid on the employees current policy? They will not get a refund....this is very confusing and needs to be addressed CLEARLY.

ALL OF THESE ISSUES NEED TO BE ADDRESSED AND MADE SIMPLER FOR THE EMPLOYER AND CONSUMER.

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