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Comment On: IRS-2010-0010-0001
Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

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General Comment

August 14, 2010

Office of Consumer Information and Insurance Oversight. Attention: OCIIO-9991-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Interim Final Rule for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

The guidelines may still result in some confusion to the marketplace in their application. For example, if an employer raised the copayment level beyond the maximum in one area (i.e. chiropractic services) but retained the copayment level for primary care doctor visits, does that mean a loss of grandfather status? Clarity will be critical both for the employer and the employee. The average consumer has a broad definition of "benefits." Consumers view their health plan beyond the covered benefits, cost sharing, and the contribution levels associated with the plan. Other components of health care services can have a significant impact on the individual employee, which can result in a change to their plan including:

A "substantial change" to the provider network
Such as the termination of a hospital system or specific provider group sometimes has significant impact on the employee population and should be viewed as a substantial change to the plan itself. As a guideline, I would suggest any change in the provider network impacting over 50% of the employee population (nationally or locally) should result in a loss of the grandfather status.

• Change in issuer or third-party administrator (TPA) (including moving from fully-insured to self-funded) If the benefit structure of a group health plan remains largely the same, a change in administration of the plan requires new communication, new processes, and new requirements on the part of an employee and the employer. Moving from a fully-insured to a self-funded status or changing administrators requires new processes and legal agreements for the group health plan. These transitions are not daily or regular events and should be considered a change in the group health plan.

• Significant change in care management/authorization requirements
The processes consumers need to follow to receive care are a significant component of their perceptions of their health benefits plan. Changing notification requirements, requiring referrals, or other care management strategies involved in the delivery of care should also be considered as a change to the plan. This may prevent group health plans from maintaining their grandfather status by not necessarily eliminating a benefit, but making it difficult to receive by changing the care management process around it. This happens frequently.

Even by the most optimistic estimates, a substantial portion of the employee population will remain outside the PPACA as of January 2014 based on the current rules. I believe that any changes related to the areas listed above should also result in a loss of grandfather status as these are changes that heavily impact a patient's healthcare benefits. Level the playing field to allow the patient to select the care they choose from the licensed provider of their choice. In today's world we need to end the discrimination in healthcare and this is the best opportunity to end it now...for the best care tomorrow.
Thank you for the opportunity to comment on this regulation.
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