TCA

Tennessee Chiropractic Association

August 11, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
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 PPACA.

To Whom It May Concern:

Please review the following comments regarding the 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 (PPACA).

Our association represents Tennessee chiropractors and their staff and we believe the "Grandfathering rule" is likely to alienate numerous individuals from being covered by PPACA. It is imperative for healthcare consumers to partake and be covered by PPACA by January of 2014 when many of the laws particulars come to fruition, such as tax credits, subsidies, and insurance exchanges.

The Rule provides the seven triggers that would revoke the grandfathered status of a group health plan:

- Mergers or acquisitions with the sole intention of maintaining grandfather status
- Elimination of substantially all benefits to treat a particular condition
- Elimination of benefits for any element necessary to eliminate or diagnose a condition
- Any change to coinsurance level
- Fixed-amount cost-sharing (Deductibles/OOP) Inflation +15%
- Co-payments (Medical Inflation +15% or $5 adjusted for medical inflation)
- Employer contribution (> 5% reduction in Employer Contribution)

On the surface, the above bullet points are to the point; however there still appears to be much room for interpretation. Take for instance, an employer who altered a percentage/copayment in one aspect of the policy, yet retained the same percentage/copayment level for family doctor visits, would grandfather status be revoked or could this be a way of getting around the triggers as listed above? Specificity will be vital for large companies and small businesses, as well as their employees.

Healthcare consumers often have a nebulous understanding of policy terms. As you know, an individual's healthcare is important and their needs to maintain a satisfactory quality of life often go beyond the fundamentals of covered benefits, cost sharing and the various contribution levels associated with insurance policies. There are other aspects of healthcare services that will have a considerable impact on the small or large business employee that can result in an alteration of their plan including:

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- ***A "substantial change" to the provider network***

  Consumers believe their provider and the provider network associated with any plan is an integral part of the health care benefits provided by the employer. A 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, we ~~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)***

  Even 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.

In many estimates, there are large portions of large and small business employees that will not be able to participate in PPACA as of January 2014 based on the current guidelines and rules. We understand the monumental task of the implementation of this law, but our doctors in the chiropractic community are concerned that their patients may be part of a large sub-population to be excluded from the healthcare reform law. Patients will be confused, costs will rise and the potential positive impact of the legislation may be dampened if this is allowed to occur. The CBO has already projected a budget deficit since the inception of the process and we believe consumers who are excluded will only add to the deficit.

We ask that any changes related to the areas listed above shall result in a loss of grandfather status as these are changes that heavily impact a patient's healthcare benefits. The Rule needs to be clear, reasonable, and without ambiguity being involved in determining whether a group health plan is "in or out." Our collective decisions we make today will determine the outcomes for tomorrow. We will need to make difficult decisions to create a sustainable health care system that will support a growing economy in the future. That means getting as many citizens across the country participating at the beginning to make it work and delivering on its promises to retain their support.

Thank you for the opportunity to comment on this regulation.

Sincerely,

Cole Hosenfeld, DC, CCSP
President

Tiffany Stevens
Executive Director