



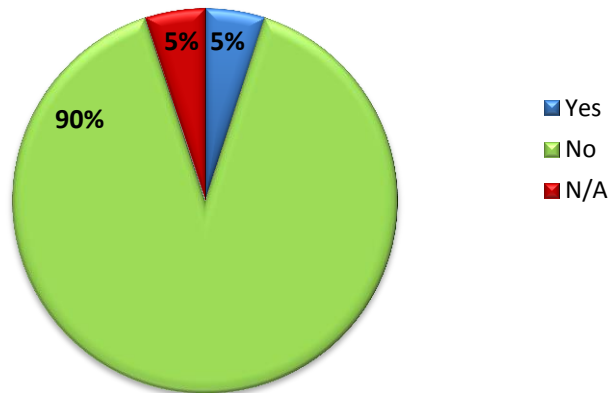
THE ERISA INDUSTRY COMMITTEE

Advocating the Employee Benefit and Compensation Interests of America's Major Employers

FINDINGS FROM SURVEY OF LARGE EMPLOYERS ON HEALTH PLAN IDENTIFIERS (HPID) AND CONTROLLING HEALTH PLANS (CHP)

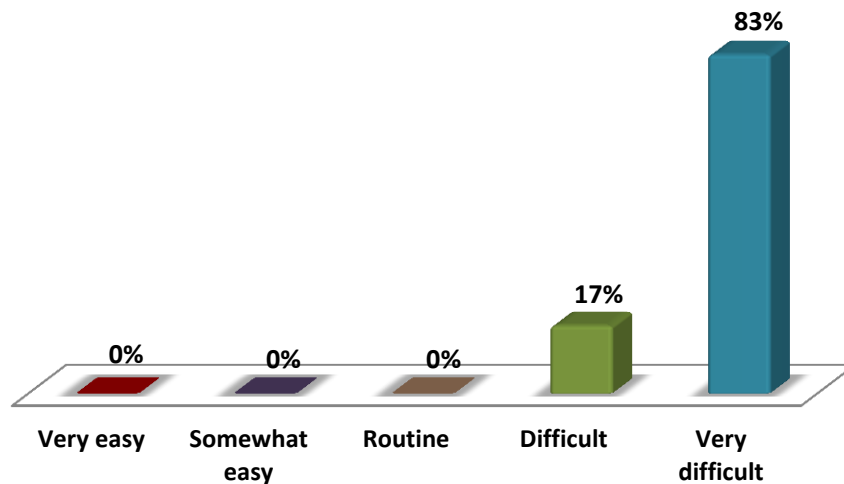
Over the period from August 27 to September 4, 2014, the ERISA Industry Committee (ERIC) polled its members about their benefits practices with respect to health plan identifiers (HPIDs) and controlling health plans (CHPs). The results of this poll are depicted below.

1. Have you applied yet for a Health Plan Identifier (HPID) for any of your self-insured health plans from HHS?



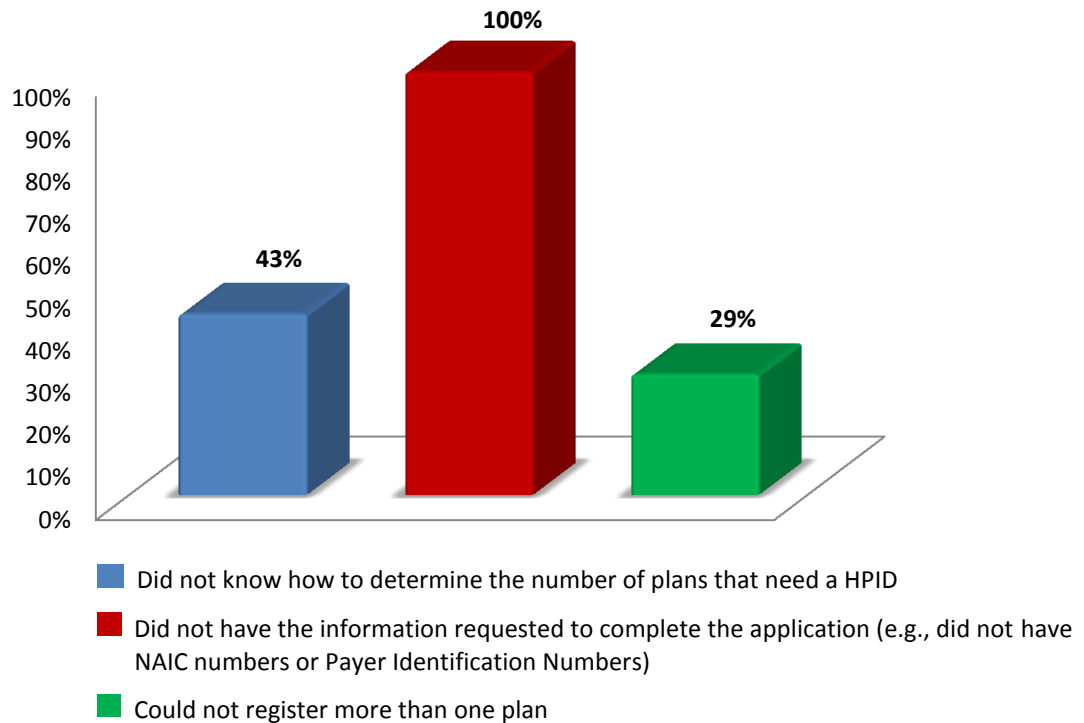
2. If you have already applied for an HPID, how difficult was the application process? Please use the scale below to rate the process.

ERIC received 6 responses to this question from members, with the remaining respondents indicating that they have not yet applied for an HPID. The respondents to this question indicated the following.



3. If you have already applied for an HPID, what difficulties did you experience with the application process? (Select all that apply.)

ERIC received 7 responses to this question from members, with the remaining respondents indicating that they have not yet applied for an HPID. The respondents to this question indicated the following.



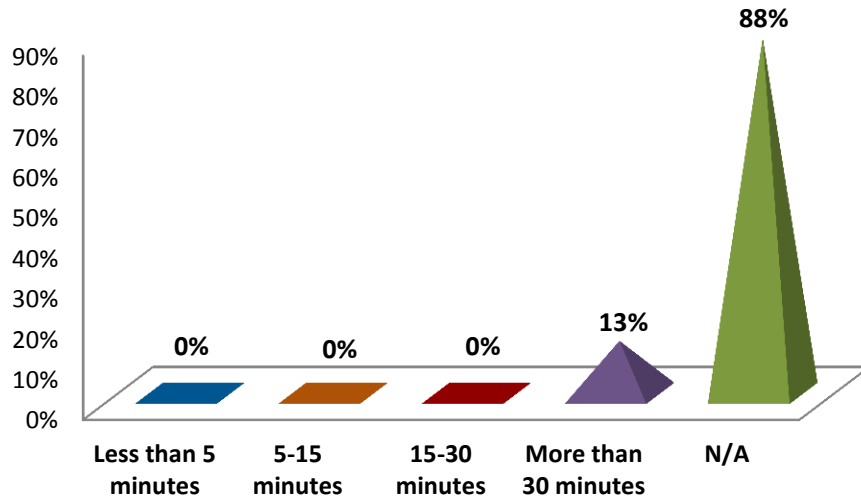
Comments:

“The process itself was extremely cumbersome. Question #4 below - it wasn’t minutes but days!”

“I’ve not completed application as I gather required values. Overall process of going to multiple systems to complete steps to apply is a particularly poor user experience.”

I’m in the process of applying and can’t seem to get help from either our outsourcing vendor or the HIOS helpline with questions like - if multiple subsidiary companies are all participating in the same plan, do we need to list them as SHPs? If I have two very different plan options (PPO vs HDHP) and multiple carriers, can I combine all the information into one CHP? If I’m not an insurance company and have no NAIC number or Payer Identification Number, can I list “Not Applicable” for both? AARGH! Their gazillion page PowerPoints and user guides don’t answer these questions. Their help line phone tree has more acronyms than alphabet soup! (Can you tell that I’m frustrated?)”

4. After gathering all of the relevant information, how long did it take you to complete the application?



5. If you have not yet applied for an HPID, how long do you intend to wait before applying for one?

Have already filed for one	3%
Until September 5, 2014	8%
Until right before open enrollment begins	3%
Until shortly before the deadline (e.g., end of October)	16%
Until HHS publishes relevant guidance	45%
Don't know	26%

Comments:

“Intend to apply soon, going through the guidance now (was really hoping it all would go away).”

“1- We still don't know if employers with multiple CHPs need one or multiple HPIDs for the Nov. 5, 2014 deadline. 2- Questions remain on classification of certain types of plans as CHPs or SHPs – standalone drug plans, dental, vision, etc. . 3- What should be done if the relevant employee does not have a U.S. SSN?”

“ASAP, but need to get information requested for NAIC, etc.”

“We randomly set a date for 9/20 to at least apply for one, if nothing changes by then.”

“I am still waiting for HHS to determine what a multiemployer self-funded plan should do. The claims payer (ASO) won't file and the Trust administrator does not have an NAIC number.”

“We won't miss the deadline, but hoping that HHS has a light bulb moment and can help the ERISA plans with this process instead of sticking their head in the sand (which is what I would like to do).”

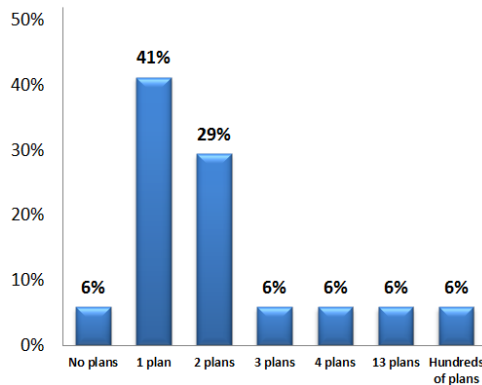
“Our legal counsel is advocating waiting for further guidance until closer to the deadline and then we will file based on what we know at the present time.”

“Have to work thru the NAIC number since we don't have that - that or a Medicare payor number - we have the EIN.”

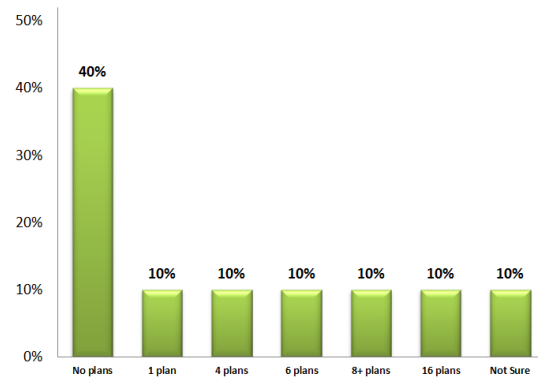
6. Using the “controlling health plan” (CHP) and “subhealth plan” (SHP) definitions set forth by the HHS, how many of each does your company have (using your best estimate)?

Approximately half of the respondents attempted to answer this question by providing estimates of the number of CHPs and SHPs they have. For responding members, they estimated that they have the following amounts of CHPs and SHPs. The remainder indicated that they had no idea.

Number of Controlling Health Plans (CHPs)
(17 responses)



Number of Subhealth Plans (SHPs)
(10 responses)



Comments:

“No idea.”

“Hard to fit these definitions to typical “wrap” plans.”

“ ? “

“We have not yet made this decision.”

“No idea until regs are final”

“It’s not clear yet.”

“No Idea.”

“Not sure yet.”

“We have approximately 70 distinct medical plans and dozens of various other plans under our ERISA plan. Not even sure where to start.”

“I don’t know because we have to sort out the wrap plan issue.”

“Not yet sure.”

“I’m cheating and letting you all try to sort through this before I give it any attention.”

“We’re confused as to which plans should be categorized as CHP and SHP - examples and guidance would be very welcome!”

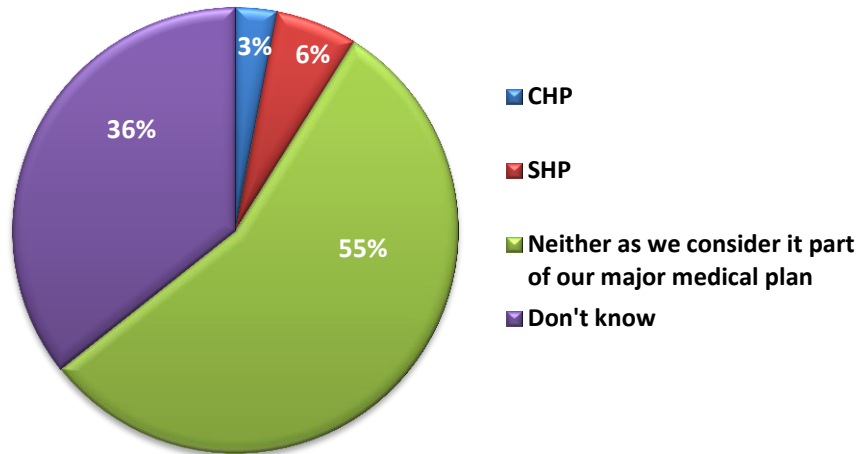
“I think two - we are going with the 5500 filing plan numbers (I think!)”

“What are they thinking?”

“No idea. At least 2 CHPs and probably 12-15 SHPs (one for each subsidiary company).”

“No idea.”

7. How have you categorized your wellness program?



Comments:

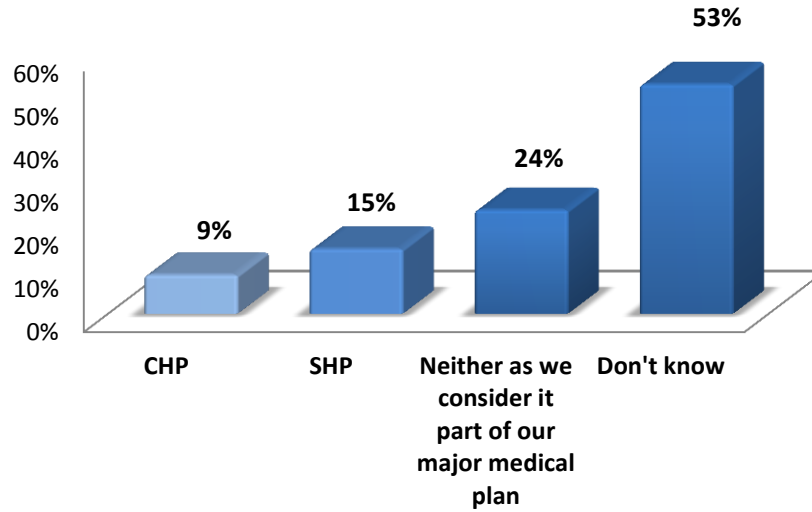
“We are not a health plan but we do offer wellness programs to all benefits eligible employees regardless of whether they are enrolled in benefits or not.”

“No wellness program.”

“Not applicable to any of our plans.”

“See above cheater comment.”

8. How have you categorized your Employee Assistance Programs (EAPs)?



Comments:

“We are not a health plan but we do offer EAP to all benefits eligible employees regardless of whether they are enrolled in benefits or not.”

“Consider it an excepted benefit outside the realm of all this.”

“Don’t offer an EAP program.”

“No EAP.”

“Not applicable to any of our plans.”

“See above cheater comment.”

9. Do you have any additional comments?

“No.”

“The primary reason we haven’t applied is the sheer frustration in using the site and the lack of clarity in the instructions.”

“The HPID use is just going to break what is already working. The industry is already having discussions of whether it should really be used in the HIPAA transactions or not. If this discussion is taking place before it’s even mandated - why mandate it at all?”

“Please keep pursuing with HHS. The rules have gotten tough. If we can’t make it go away, would also like the who has to certify to not be CEO or CFO if possible.”

“Waiting for additional guidance around multiple plans within the same DOL structure.”

“The guidance for a requirement that is a little over two months away has been woefully inadequate.”

“Further clarity by HHS would be appreciated.”

“Glad I’m retiring soon.”

“Even trying to get to the link for the health insurance oversight system has been an issue.”

“This quiz makes me more nervous about applying for HPID.”

“Please end the idiocy.”

“We’re trying to comply!”

Contact Information

For questions about the survey, please contact Gretchen Young, Senior Vice President, Health Policy, at (202) 627-1920 or gyoung@eric.org.

The ERISA Industry Committee (ERIC) is a non-profit association committed to representing the advancement of the employee retirement, health, and compensation plans of America’s largest employers. ERIC’s members provide benchmark retirement, health care coverage, compensation, and other economic security benefits directly to millions of active and retired workers and their families. ERIC has a strong interest in proposals affecting its members’ ability to deliver those benefits, their cost and their effectiveness, as well as the role of those benefits in the American economy. For more information about ERIC, visit www.eric.org.