* With respect to the overall directive of the workgroup, P.A. 100-1024 requires the workgroup to “develop the format and provided any needed definitions” for reporting requirements to be broken down by the six benefit classifications required by state and federal mental health/substance use disorder parity laws. While the template format is important, it should be secondary to narrowing and clearly defining the scope of content, including the NQTLs, on which insurers will be required to report. Insurers need to be able to interpret each reporting field, including the terms and data elements, consistently for the reporting to prove a productive tool for the Department.
* With respect to the NY and PA templates, the expectation that insurance plans report upwards of 19 NQTLs annually is not only extraordinarily burdensome, it will also require a tremendous amount of resources on the part of the regulator to review. If the goal of requiring this reporting is to provide another meaningful regulatory tool to ensure plan compliance, then creating a complex and cumbersome reporting template that overwhelms the Department’s ability to follow-up will not advance this goal.
* Additionally, the templates put forward by the Departments in those states, which member companies are still working through, were intended for follow-up analysis by the respective Departments with the expectation that they would synthesize that information into their own public report. P.A. 100-1024 does not require the same level of analysis and public reporting of the Department of Insurance, which is why we believe the workgroup should focus on determining a narrow set of NQTLs for first-year reporting purposes, as well as establishing clear definitions, terms and reporting expectations to create consistency across plans in a particular market (commercial vs. Medicaid).
* Additionally, nothing precludes the Department and the workgroup from considering staggering reporting requirements, specifically rotating reporting of different NQTLs. We recognize that compliance with parity laws, as well as all other laws protecting consumers is of the utmost importance, but insurers are also held to other compliance requirements such as the DOI MHSUD parity compliance template required during the policy filing review process and regulatory enforcement tools, including, but not limited to, targeted mental health parity market conduct exams and it will be important to ensure that the reporting requirements developed by this workgroup are complimentary to those existing tools.

**Federal Parity Compliance Tools**

* It is important for this workgroup to also consider federal parity compliance tools and we also note the statute itself requires the workgroup to consider federal requirements (215 ILCS 5/370c.1(j). The Illinois compliance reporting will apply only to those fully-insured plans (individual, small, and some large group) regulated by the DOI – approximately 20-25% of the commercial market in the state. The majority of the commercial market is regulated by the federal Department of Labor (DOL). The DOL Self-Compliance Tool for MHPAEA is already recognized within the industry and is currently utilized by other states: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-a-mhpaea.pdf>.
* With respect to other existing parity frameworks, the NAIC Market Regulation Handbook guidance document and data collection tool, in conjunction with Table 5 Centers for Medicare and Medicaid Services (CMS) questionnaire, also represent good options for consideration in the development of a state-specific tool to review plan compliance efforts. The NAIC working group developed the market conduct guidance and data collection tool with extensive stakeholder input, including plan input (the NAIC working group is still engaged in reviewing and refining these tools currently).
* CMS Table 5 also puts forward a consistent and uniform approach to determine parity compliance of NQTLs (***see attached***) while also aligning with NQTL reporting requirements outlined in 215 ILCS 5/370c.1(k) as follows:
	+ *Sections F & G = subsection (k)(1)*
	+ *Sections I = subsection (k)(2)*
	+ *Sections B, C, D, E and H = subsection (k)(3)*
	+ *Section A = subsection (k)(4)*
	+ *Sections B, C, D, and E = subsection (k)(5)*
	+ *The Explanation column in Table 5 aligns with subsections (6)(A) - (6)(E) under 215 ILCS 5/370c.1(k).*

ILHIC and the Chamber are working with members of the commercial insurance industry to review all of the cited documents, including the NY template circulated by KFI, to synthesize the compliance tools in a document for discussion by the workgroup. This work is complex and will take some time, but we are working as expeditiously as possible to ensure members of the working group have a comprehensive to which members can review and respond.