

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

29 CFR Part 2520

RIN 1210-AA55

Interim Rules Amending ERISA Disclosure Requirements for Group Health Plans; Correction

AGENCY: Pension and Welfare Benefits Administration, Department of Labor.

ACTION: Correction to interim rules.

SUMMARY: This document contains corrections to the interim rules which were published Tuesday, April 8, 1997, (62 FR 16979). The interim rules implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) and govern the content of the summary plan description (SPD) for group health plans, the furnishing of summaries of material reductions in covered services or benefits by group health plans, and the disclosure of SPD and related information through electronic media.

EFFECTIVE DATE: June 1, 1997.

FOR FURTHER INFORMATION CONTACT: Eric A. Raps (202) 219-8515 (not a toll-free call).

SUPPLEMENTARY INFORMATION:

Background

The interim rules affect administrators of group health plans who are subject to HIPAA's and NMHPA's requirements on SPDs and furnishing summaries of material reductions in covered services or benefits.

Need for Correction

As published, the interim rules contains misprints which may prove to be misleading and are in need of clarification.

Correction of Publication

Accordingly, the publication on April 8, 1997 of interim rules which were subject of FR Doc. 97-8173, is corrected as follows:

§ 2520.102-3 [Corrected]

Paragraph 1. On page 16984, in the third column, in amendatory instruction 3, lines 3 and 4 are corrected to read "the undesignated text at the end of paragraph (t)(2) to read as follows:".

Par. 2. On page 16984, in the third column, in § 2520.102-3, the last sentence of the undesignated text at the end of paragraph (t)(2), ninth line, the

word "Benefit" is corrected to read "Benefits".

Par. 3. On page 16984, in the third column, in § 2520.102-3, paragraph (v)(1), third and fourth lines, the words "the last two sentences" are corrected to read "the last sentence".

Robert J. Doyle,

Director of Regulations and Interpretations, Pension and Welfare Benefits Administration.

[FR Doc. 97-14810 Filed 6-9-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

45 CFR Part 148

[BPD-882-CN2]

Individual Market Health Insurance Reform: Portability From Group to Individual Coverage; Federal Rules for Access in the Individual Market; State Alternative Mechanisms to Federal Rules; Correction

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Interim final rule; correction.

SUMMARY: This document corrects an interim rule and a previous correction to the interim rule published in the **Federal Register** of April 8, 1997 that implement the health insurance portability, availability, and renewability provisions of the Health Insurance Portability and Accountability Act of 1996 in the individual health insurance market.

EFFECTIVE DATE: These corrections are effective on April 8, 1997.

FOR FURTHER INFORMATION CONTACT: Michelle Brugg, (410) 786-4675.

Correction

Correction

I. In the interim rule, FR document 97-8217, beginning on page 16985 in the **Federal Register** of April 8, 1997, make the following corrections:

a. On page 16986, in column 2, in the first paragraph under "I. Summary of Recent Legislation", the phrase "Sections 101 through 103" is corrected to read "Sections 101, 102, and 401" and, in the last paragraph, the phrase "substantially fails to" is corrected to read "fails to substantially".

b. On page 16987, in column 1, in the first paragraph under the first bullet, the following amendments are made:

1. The reference to "Part 146" is corrected to read "Part 144".
2. The reference to "IHS" is corrected to read "the Indian Health Service".

c. On page 16989, column 3, the first paragraph of the Certificate of

Individual Health Insurance Coverage is corrected to read as follows:

*Important—This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the 6-month period prior to your enrollment in the new plan. If you become covered under a group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

* * * * *

d. On page 16989, column 3, item 7 of the Certificate of Individual Health Insurance Coverage is corrected to read as follows:

* * * * *

7. If the individual(s) identified in items 2 and 4 has (have) at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here _____ and skip items 8 and 9.

* * * * *

§ 148.102 [Corrected]

e. On page 16996, in column 1, in § 148.102, the following corrections are made:

1. A new heading is added for paragraph (a)(1) to read "*Scope*".
2. A new heading is added for paragraph (a)(2) to read "*Applicability*".
3. Paragraph (b) is corrected to read as follows:

* * * * *

(b) *Effective dates*—(1) *General effective date*. Except as provided in paragraph (b)(2) of this section, and § 148.128 (State flexibility in individual market reforms—alternative mechanisms), the requirements of this part apply to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market after June 30, 1997, regardless of when a period of creditable coverage occurs.

(2) *Effective date for certification requirements*—(i) *General rule*. Subject to the transitional rule in § 148.124(b)(4)(iii), the certification requirements of § 146.115 of this subchapter apply to events occurring after June 30, 1996.

(ii) *Period covered by certificate*. A certificate is not required to reflect coverage before July 1, 1996.

(iii) *No certificate before June 1, 1997*. No certificate must be provided before June 1, 1997.

§ 148.120 [Corrected]

f. On page 16996, in column 2, in § 148.120(c)(1), a new heading is added to read "General rule."

g. On page 16997, in column 3, in § 148.120(f)(3), in Example 2, line 11, the word "converge" is corrected to read "coverage".

§ 148.122 [Corrected]

h. On page 16998, in column 1, in § 148.122(c)(1), the phrase "terms of health insurance coverage" is corrected to read "terms of the health insurance coverage".

i. On page 16998, in column 2, in § 148.122(e)(2), line 3, the word "insurance" is corrected to read "issuance".

§ 148.124 [Corrected]

j. Beginning on page 16998, in column 3, in § 148.124, the following corrections are made:

1. In paragraph (a)(2)(i), the word "regulated" is corrected to read "required".

2. A new paragraph (a)(2)(iii) is added to read as follows:

* * * * *

(a) * * *

(2) * * *

(iii) Short-term, limited duration coverage defined in § 144.103 of this subchapter.

* * * * *

3. Paragraph (b)(1) introductory text is corrected as follows:

i. The word "dependents," is corrected to read "dependents".

ii. The phrase "for the following" is corrected to read "as follows".

4. In paragraph (b)(1)(ii), the following corrections are made:

i. In lines 1 and 2, the phrase "A request for a certificate" is corrected to read "Requests for certificates".

ii. In line 13, the word "promptly" is corrected to read "by the earliest date that the issuer, acting in a reasonable and prompt fashion, can provide the certificate".

iii. In line 16, the phrase "previously received" is corrected to read "previously received a certificate under this paragraph (b)(1)(ii) or".

5. In paragraph (b)(2)(i)(A), the phrase "the HCFA" is corrected to read "HCFA).".

6. In paragraph (b)(2)(i)(B) introductory text, the phrase "if the following occurs" is corrected to read "if all of the following occur".

7. On page 16999, in column 1, in paragraph (b)(2)(iii), line 2, the word "any" is corrected to read "an".

8. On page 16999, in column 2, in paragraph (b)(3)(i), line 16, the phrase "dependent does not reside at" is corrected to read "dependent's last known address is different than".

9. On page 16999, in column 3, in paragraph (b)(4)(iii), the following corrections are made:

i. In the heading, the phrase "before July 1," is corrected to read "through June 30,".

ii. In paragraph (b)(4)(iii)(A), line 9, the word "provided" is corrected to read "described".

iii. In paragraph (b)(4)(iii)(B), lines 9 and 10, the phrase "If an issuer responsible for providing a certificate does not provide" is corrected to read "If a certificate does not include".

iv. Paragraph (b)(4)(iii)(C) is corrected to read as follows:

* * * * *

(b) * * *

(4) * * *

(iii) * * *

(C) *Demonstrating a dependent's creditable coverage.* See paragraph (d)(3) of this section for special rules to demonstrate dependent status.

* * * * *

v. Paragraph (b)(4)(iii)(E) is removed.

10. New paragraph (b)(5) is added to read as follows:

* * * * *

(b) * * *

(5) *Optional notice.* This paragraph applies to events described in paragraph (b)(1)(i) of this section, that occur after September 30, 1996, but before June 1, 1997. An issuer offering individual health insurance coverage is deemed to satisfy paragraphs (b)(1) and (b)(2) of this section if a notice is provided in accordance with the provisions of § 146.125 (e)(3)(ii) through (e)(3)(iv) of this subchapter.

* * * * *

11. On page 17000, in column 1, paragraph (c)(2) is corrected to read as follows:

* * * * *

(c) * * *

(2) *Information to be disclosed.* The prior entity must identify to the requesting entity the categories of benefits under which the individual was covered and with respect to which the requesting entity is using the alternative method of counting creditable coverage, and the requesting entity may identify

specific information that the requesting entity reasonably needs to determine the individual's creditable coverage with respect to any of those categories. The prior entity must promptly disclose to the requesting entity the creditable coverage information that was requested.

* * * * *

§ 148.128 [Corrected]

k. Beginning on page 17001, in column 2, in § 148.128, the following corrections are made:

1. In paragraph (c)(2), the reference to "paragraph (e)(4)(1)" is corrected to read "paragraph (e)(4)".

2. In paragraph (e)(2), a new heading is added to read "An acceptable alternative mechanism.".

3. On page 17001, in column 3, in paragraph (e)(4)(ii)(B), the words "are effective" are removed.

4. On page 17002, in column 2, in paragraph (h), the phrase "on any basis other than a mechanism" is corrected to read "on any basis other than that a mechanism".

§ 148.202 [Corrected]

l. On page 17003, in column 3, in § 148.202(i)(1), the phrase "the Administrator or other office imposing the penalty" is corrected to read "HCFA".

§ 148.220 [Corrected]

m. On page 17004, in column 1, in § 148.220(b)(4), the term "MedSup" is corrected to read "MedSupp".

§ 148.128 [Corrected]

II. In the interim rule; correction, FR document 97-9124, in the **Federal Register** of April 8, 1997, on page 17005, in column 3, remove amendatory instruction 4 that corrects § 148.128 and add in column 2 immediately after amendatory instruction b. the following:

c. On page 17001, in column 1, in § 148.128(a)(2)(i) introductory text and (a)(2)(ii)(B), the phrase "part 144" is corrected to read "title 27 of the PHS Act".

Authority: Secs. 2701 through 2763, 2791, and 2792 of the PHS Act, 42 U.S.C. 300gg through 300gg-63, 300gg-91, and 300gg-92.

Dated: June 2, 1997.

Neil J. Stillman,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 97-14894 Filed 6-9-97; 8:45 am]

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