



**Testimony in Support of**  
**LD 751, An Act to Allow Employers to Shop for Competitive health Plan Options**

Presented by Kimberly Cook  
April 21, 2021

Community Health Options is Maine's only nonprofit CO-OP health insurance company. We are based in Lewiston and provide health insurance in the individuals, small group and large group markets, as well as providing health plan administration for self-funded plans through Pioneer ASO. Health Options exists for the benefit of our members and our mission which is to provide affordable, high quality benefits that promote health and wellbeing.

Community Health Options is supportive of this legislation as consistency in the underlying data elements available to large employers will support a better functioning market. This bill is an important step forward for large employer groups to shop for and secure the most competitive coverage for themselves and their employees. Currently, it is difficult for a large employer to shop for comparable coverage because the information that they need is not always available from their existing insurance carrier.

Regarding the level of aggregate claims for high cost claimants, we would urge the Committee to consider establishing a sliding scale based on the size of the group: the larger the group size, the higher the reporting threshold, such as:

- 51-100 employees: claims exceeding \$25K per member
- 101-250 employees: claims exceeding \$50K per member
- 251-500 employees: claims exceeding \$75K per member
- 501-1,000 employees: claims exceeding \$100K per member
- > 1,000 employees: claims exceeding \$150K per member

We also urge the committee to strike the proposed supply of primary diagnosis and prognosis to essentially predict the next 12 months' claims costs. It is at times impossible for a carrier to supply a primary diagnosis with any precision without the necessary clinical information from the provider. It is also not within our scope to provide prognosis information. The language then reads as follows:

(3) High cost claimant reports that coincide with the timeframes of any loss ratio reports provided. Such reports shall include ~~at a minimum: enrollment status (active or termed), primary diagnosis, and sufficient data regarding prognosis to estimate anticipated claim cost for the 12-month coverage period immediately following the report request; and~~

Thank you for your consideration and we would be happy to respond to any questions.