

## Virginia Bureau of Insurance Comments

Dear Katie Dzurec, Working Group Chair:

The Virginia State Corporation Commission Bureau of Insurance submits the following comments regarding the MHPAEA QTL Template and Instructions for the working group's consideration:

1. The QTL spreadsheet does not include a tab/worksheet for the prescription drugs classification, and this appears to assume the "special rules" regarding multi-tiered prescription drug benefits would apply. However, under the "Covered Services" tab/worksheet, there is still an "Rx" option that can be selected from the drop-down under the "Classification" field (Column E). Should this option be removed from the drop-down?
2. Under the tabs/worksheets for each classification, the language regarding the predominant test in columns E and F states "...UNTIL AGGREGATE TOTAL OF LEVELS REACH OVER 50.01%" and "if any of the levels individually reach over 50.01%." Since the predominant level must be more than half, should this language be changed to either say "over 50%" or "equal to or greater than 50.01%"?
3. Language was added on page 1 of the instructions to state the following:

**NOTE: This template does not automatically separate multiple networks for purposes of analysis. If the company chose to subclassify based on networks (pursuant to 45 C.F.R. §146.136(c)(3)(iii)(B)), the analysis will have to be completed manually.**

It appears that this process requires the following language on page 2:

Services should be separated by tier when there is more than one network tier, e.g., preferred specialist on one line, non-preferred specialist on a separate line.

Should language be added to the instructions to clarify that these 2 different sections of language are related?

Sincerely,

Brant Lyons, MCM  
Life and Health Market Conduct  
Virginia State Corporation Commission