

## **Department of Consumer and Business Services**

Division of Financial Regulation 350 Winter St. NE, Room 410 P.O. Box 14480 Salem, OR 97309-0405

August 22, 2019

Re: 2019 Association, Trust, and MEWA Data Call

The Oregon Division of Financial Regulation is requesting information about any health insurance policies your company has issued to Associations, Trusts, and Multiple Employer Welfare Arrangements (MEWAs) since January 1, 2018.

**PLEASE NOTE:** An official acknowledgement of this call letter is due by close of business on **August 30, 2019**. The response must acknowledge receipt of this call letter and identify the primary and secondary contact for correspondence related to this data call.

# **Data Request**

### Who is required to report?

- All insurers that submitted a quarterly health enrollment report for Q4 2018.
  - Entities that are subject to this data call but that have not issued any coverage to an association, trust, or MEWA must notify the Division of that fact via email or by submitting a blank ("null") report before the deadline.

#### Scope of request

- The focus of the data call is fully insured health insurance coverage issued to, or renewed by, associations, trusts and MEWAs on or after January 1, 2018.
- For purposes of this data call "fully insured health insurance coverage issued to associations, trusts or MEWAs" includes *any* of the following:
  - Coverage issued to an association, including a labor union, within the meaning of ORS 743.098(2);
  - Coverage issued to trustees of a fund as described in ORS 731.098(3); or
  - Coverage provided under a multiple employer welfare arrangement within the meaning of 29 U.S.C. 29 U.S.C. 1002(40).
- "Health insurance coverage issued to an association, trust, or MEWA" includes the issuance of a certificate (or other evidence of group coverage) in Oregon to an

- employee, dependent, or any other individual who is eligible for coverage pursuant to a master group policy that was issued to an association, trust, or MEWA in another state.
- For purposes of this data call, the term "health insurance coverage" includes <u>all</u> forms of health insurance and health-related coverage issued to associations, trusts, and MEWAs. The term is not limited to "health benefit plan" coverage, "ACA" coverage, or "major medical" coverage. For example, the scope of this data request also includes disability coverage, dental-only coverage, vision-only coverage and all similar types of insurance.
- Entities subject to this data call are not required to report on:
  - Self-funded arrangements;
  - Coverage issued to an affiliated or controlled group of employers that is treated as a single employer under state and federal law (unless the controlled group is also purchasing coverage through an association, trust, or MEWA); or
  - Plans that are considered MEWAs under federal law based on a recent change in control or because they provide benefits to a small number of independent contractors and that are exempt from the M-1 filing under 29 CFR § 2520.101-2(c)(2)(ii)(A) or (C).

## What will be reported?

For each issuance or renewal of fully insured health coverage to an association, trust, or MEWA since January 1, 2018, entities subject to this date call must report:

- The name of the Association, Trust, or MEWA;
- The OID Association Number assigned to the Association, Trust, or MEWA;
- If applicable, the legal name of the trust carrying out the association, trust, or MEWA;
- The legal name of the policyholder to which coverage was issued;
- An indication of whether the health benefits are being provided pursuant to a collective bargaining agreement (i.e. a Union plan);
- An indication of whether the coverage constitutes a health benefit plan under Oregon law and, if not, a description of the nature of the coverage provided;
- The current enrollment under the plan;
- The date of the enrollment count;
- The date on which your company began providing health insurance coverage to the association, trust, or MEWA;
- An indication of whether the health insurance coverage issued to the association, trust, or MEWA remains in effect;
- The date of the next schedule renewal of coverage or, if coverage is no longer in effect, the date on which coverage ended;
- The date on which the most recent bylaws governing the association, trust or MEWA were executed,

- If applicable, the date on which the most recent trust agreement was executed;
- The Employer Identification Number (EIN) associated with the association, trust or MEWA in its most recent M-1 filing with the United States Department of Labor; and
- The date of the association, trust, or MEWA's most recent M-1 filing.

Please see the "Instructions" tab in the attached reporting template for additional information on what data must be provided in each field.

# Completed reports are due by close of business on September 23, 2019.

Completed reports and initial responses will be sent to <a href="mailto:lns.Mrktsurv@oregon.gov">lns.Mrktsurv@oregon.gov</a>. Please direct any questions to Michael Schopf at Michael.D.Schopf@oregon.gov.

This information is required pursuant to ORS 731.296. All information submitted in response to this request shall be confidential under ORS 731.312(6) and shall not be disclosed except as provided in ORS 705.137.

Sincerely,

TK Keen

**Deputy Administrator** 

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