

**Issue**

**DOL Response**

Participants confuse submitting model with submitting an appeal

Text was added at the top of the Template clarifying.

Burden estimates for the Template did not take into account the cost for plans and issuers to respond to the request.

The addition of the template does not create a new requirement to disclose. The burden to disclose the documents that can be requested is already included in their related ICs.

Limit the form to two check boxes, medical necessity determination for MH/SUD services and the reasons for denial of MH/SUD.

DOL disagrees. Plan participants may not know names of documents to request, but they are more familiar with the problem they have encountered and trying to remedy. Current check list is helpful to them.

Approach could lead to a large volume of documents being disclosed

Text added to instructions that encourage plan participants to talk with their plan about the types of documents they might want to request.

Responses to requests may require providing all the medical/surgical and MH/SUD benefits to which the limitation applies

Added texts making clear that plans can summarize (categorize) the benefits affected

Examples of evidentiary standards are overly complicated and unnecessary for a consumer-oriented form.

Declines to adopt. This referenced part of the form is giving examples to the plan or issuer, who are assumed to be able to understand the information. Further, plans and issuers are not obligated to include any evidentiary standards as part of the form, should they choose to adopt the Template.

The model form should be clearer with respect to when disclosures are required for different types of plans.

Disclosure Form creates a new disclosure obligations.

Form and background section inconsistent on timing of for reponse.

Issues outside the scope of the IC, particularly requesting additional guidance on disclosing NQTLs and Parity

The Departments decline to adopt this suggestion because it would likely confuse many plan participants and the form included contact information for certain regulatory agencies that can provide this information. The form is intended as a general disclosure form. Adding language to the model form explaining how requirements apply to certain types of health plans would cause confusion for many individuals.

Disclosure Form does not create a new disclosure obligation.

The time period to respond to a request was changed to 30 days from receipt of the request instead of from the date of the request.

The Departments have issued final regulations, as well as multiple rounds of guidance addressing disclosure obligations under MHPAEA and other federal laws.