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Covered California Enrollment Starts With Extra Federal Boost For Low And Middle-Income Families -

The open enrollment window for the state's health insurance marketplace, Covered California, began Nov. 1. Health officials say purchasing coverage will be more affordable than usual for many people thanks to newly available federal financial help. The additional subsidies come out of the American Rescue Plan, President Joe Biden's \$1.9-trillion post-pandemic stimulus package. The plan includes an estimated \$3 billion for the state marketplace through 2022, according to Covered California.

New California Law Requires Insurers to Cover COVID-19 Testing and Vaccinations Without Cost Sharing -

"The law applies to plans that cover medical, surgical and hospital benefits regulated by the either the California Department of Managed Health Care or Department of Insurance, which includes most fully insured health plans and HMOs (excluding specialized health care plans) situated in the State."

One-Third of Workers Say They Might Leave Jobs If Not for Health Insurance -

"One in three full or part time workers (33%) would be very or somewhat likely to leave their jobs in the near future if health insurance weren't a factor ... More than one in four respondents (26%) said they'd be at least somewhat likely to start their own business if health insurance weren't a factor, and 37% of insured Americans ages 18 to 34 would be at least somewhat likely to pursue entrepreneurship if health insurance weren't a factor."

The No Surprises Act and Transparency Requirements -

"This article provides a table listing adjusted effective dates for the No Surprises Act, CAA Transparency and Transparency in Coverage provisions ... along with a summary of each of the provisions ... The September 30 interim final rules state that grandfathered plans must ... provide for external review of adverse benefit determinations for claims subject to the cost-sharing and surprise billing protections in the No Surprises Act. This would take effect in the 2022 plan year."

CMS Finalizes Fee Hikes for Hospital Price Transparency Requirements -

"Beginning Jan. 1, the Biden administration will increase the penalty for certain hospitals that are not in compliance with its hospital price transparency requirements. [CMS announced] that it will set a minimum civil monetary penalty of \$300 per day for hospitals with 30 or fewer beds.... Hospitals with more than 30 beds ... will be charged \$10 per bed per day, which will cap at \$5,500 daily."

Surprise Billing Regs Establish Procedures to Determine Out-of-Network Rates -

"If state law or an applicable All Payer Model Agreement provides a method for determining the out-of-network rate that rate will apply. Otherwise, the out-of-network rates will be determined under the interim final rules, which establish ... timeframes for negotiating and determining out-of-network rates."

California to Allow Kids to Add Parents to Insurance Plans -

"To be eligible, adults must rely on their child for at least 50% of their total support. The law applies only to people who buy their health insurance on the individual market. Those who get insurance through their jobs, which includes most people in the state, aren't eligible."

CAA Surprise Billing Rules Preserve HSA Eligibility -

"Individuals covered by an HDHP with no other disqualifying coverage remain HSA-eligible even if the plan pays non-preventive benefits prior to the individual satisfying the applicable minimum statutory HDHP deductible ... and HDHPs may pay non-preventive benefits prior to the individual satisfying the applicable minimum statutory HDHP deductible -- provided such benefits are required pursuant to the CAA (or other similar state law) surprise billing protection provisions."

Nearly Half of American Workers Purchased at Least One New Health Benefit in Response to the COVID-19 Pandemic - "According to the 2021 Aflac WorkForces Report, almost half (44%) of all U.S. employees purchased at least one new health benefit in response to the COVID-19 pandemic, with half of those adding life insurance. Roughly, one-third of respondents said they purchased critical illness, hospital indemnity, telehealth services or mental health resources."

Prepare for a 'Tsunami' of Long-COVID Disability Claims: 20% of Long-Haulers Will Be Too Sick to Return to Work - "If long-COVID patients, called long-haulers, file as expected, it could amount to an historic influx into the US's disability system. But claims require approval, and some insurance providers are already denying long-COVID claims, leaving it up to HR departments to consider other ways to protect their workers.... Attorney Andrew Kantor says the rejections are strategic and expected: 'Insurers are incentivized to deny righteous claims because there is very little risk to doing so.'"

Insurance Focused on Virtual Visits? The Pros and Cons of a New Twist in Health Plans - "At the height of the Covid-19 pandemic, people often relied on telemedicine for doctor visits. Now, insurers are betting that some patients liked it enough to embrace new types of health coverage that encourages video visits -- or outright insists on them.... The often lower-premium offerings capitalize on the new familiarity and convenience of online routine care. But skeptics see a downside: the risk of overlooking something important."

Telehealth in the COVID-19 Era - "The goal for this hour is to have a cross-national exchange on telehealth and describe how telehealth has been used both in the Australian and U.S. context. Based on national numbers, the uptake has been quite similar of telehealth in the two nations. But behind that, there's a lot of variation.... How is it deployed in both countries? What has worked? What hasn't worked? ... What will telehealth look like after the pandemic in both how it is used and how will government and private insurers reimburse and regulate for telehealth?" [Video from a webinar - 1 Hr]

Reminder: No Extensions on ACA Reporting Deadlines for 2021 - "Last year at this time, the IRS ... [announced] it was extending the January 31 deadline to provide individuals with a copy of Form 1095-B and/or 1095-C by 30 days. This year, no extension has been announced, nor is one expected. That means the 2021 deadline for providing individuals with Forms 1095-B or 1095-C is January 31, 2022."

Handling Medical Loss Ratio Rebates (PDF) - "In the absence of definitive direction in the plan document: [1] no portion of the rebate is a plan asset when the premium was paid entirely by the employer; [2] the full amount of the rebate is a plan asset when the premium was paid entirely by employees; [3] the full amount of the rebate is a plan asset when the premium was paid entirely from trust assets; or [4] portion of the rebate attributable to employee contributions is a plan asset when the premium was paid by both the employer and employees."

Don't Neglect End-of-Year COBRA Duties - "ARPA work will continue, COVID-19 Outbreak Period relief continues and we are entering COBRA's busiest time of the year. Your COBRA To Do List should include ... [1] Open enrollment.... [2] New COBRA rates.... [3] Outbreak period relief.... [4] ARPA subsidies."

No IRS Clarifies Application of COVID-19 Outbreak Period Extensions for Electing COBRA Continuation Coverage and Paying COBRA Premiums - Notice 2021-58 provides helpful guidance on COBRA continuation coverage in two key areas: [1] the application of the extended timeframes for electing COBRA continuation coverage and paying COBRA premiums in response to the on-going COVID-19 national emergency, and [2] the interaction of the extended timeframes with the COBRA premium subsidy available under the American Rescue Plan Act of 2021 (ARPA).... Ten examples are provided in the Notice."

COVID-19 Relief Addresses COBRA Election and Premium Payment Deadlines - "Notice 2021-58 provides that the disregarded periods for an individual to elect COBRA and make initial and subsequent COBRA premium payments (that is, under the outbreak period rules) generally run concurrently. The guidance includes a set of detailed rules that expand on this general concept."

We Have No Idea When the Outbreak Period Will End, But We Have a Better Idea When COBRA Payments Are Due - "Notice 2021-58 reiterates that the extensions of the timeframes do not apply to the periods for providing the required ARPA Notice, or for electing subsidized COBRA. A plan may require an individual to elect COBRA retroactive to the date of loss of coverage within 60 days of receiving the ARPA Notice or lose eligibility for retroactive COBRA."

Four Steps to Your Most Successful Open Enrollment Ever - [1] Explain the variables they should consider when determining the right plan ... [2] Do the math for them ... [3] Highlight important aspects of coverage, especially for big-ticket items ... [4] Make it easy to include their spouse/partner in the decision."

Text of CMS Look-up Table: ICHRA Employer Lowest Cost Silver Plan Premium - [XLSM file] "To help employers determine whether an ICHRA offer is considered affordable for purposes of validating they are making affordable offers of coverage to their employees and avoiding the employer responsibility payment, CMS is publishing the ICHRA Employer LCSP Premium Look-up Table. The table allows users in states participating in the Federally-facilitated Exchange (FEEs) and State-based Exchanges on the Federal Platform (SBE-FPs) to access individual market Qualified Health Plans (QHP) lowest cost silver plan (LCSP) data by geographic location."

Implementation of Certain Provisions of the No Surprises Act and Title II (Transparency) of the Consolidated Appropriations Act 2021 (PDF) - 9-page chart provides a summary of specific provisions, along with their effective dates, affected parties (plans, providers, etc.) and status of current regulatory guidance.

Handling FSA Experience Gains from Forfeitures - "The Section 125 regulations provide employers with three options to allocate experience gains from health FSA forfeitures. The dependent care FSA provides employers with an additional option to retain the forfeitures. Regardless, employers overwhelmingly choose to use experience gains from forfeitures to cover all or a portion of the FSA's administrative expenses."

Text of 2021 Instructions for IRS Form 1095-A: Health Insurance Marketplace Statement (PDF) - "Form 1095-A is used to report certain information to the IRS about individuals who enroll in a qualified health plan through the Health Insurance Marketplace. Form 1095-A is also furnished to individuals to allow them to take the premium tax credit, to reconcile the credit on their returns with advance payments of the premium tax credit (advance credit payments), and to file an accurate tax return."