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In California, Your Out-of-Pocket Health Care Costs Need Not Be a Mystery - "A new California law ... requires most state-regulated private-sector health plans to send enrollees updates, for every month in which they received care, showing how much they have paid toward their annual deductible -- the amount a person must shell out before insurance begins to cover most of their care -- and how close they are to reaching out-of-pocket limits, the amount after which the insurer pays for 100% of care."

Agencies Issue Two Rounds of No Surprise Billing Guidance - "Health plans must work now to understand the [independent dispute resolution (IDR)] requirements for certain payors and out-of-network providers, as well as the other requirements to implement the prohibitions on surprise billing, as many of these rules are expected to be effective next year.... With external review procedures affected, even for grandfathered plans, amendments to health plan claims procedures will be necessary to comply."

Law to Stop Surprise Medical Bills Faces Pushback from Doctors - "The Interim Final Regs, which would take effect in January 2022, effectively leaves patients out of the fight. Providers and insurers have to work it out among themselves, following the new policy ... Many doctors, their medical associations and members of Congress are crying foul, arguing the rule ... favors insurers and doesn't follow the spirit of the legislation.... The controversy pertains to a section of the [interim] final regulations focusing on arbitration."

Congressional Doctors Lead Bipartisan Revolt Over Policy on Surprise Medical Bills - "Congress passed the No Surprises Act last December ... after long, hard-fought negotiations with providers and insurers finally yielded an agreement that lawmakers from both parties thought was fair ... But now many doctors, their medical associations and members of Congress are crying foul, arguing the [independent dispute resolution (IDR) rule] released by the Biden administration ... favors insurers and doesn't follow the spirit of the legislation."

Becerra Says Surprise Billing Rules Force Doctors Who Overcharge to Accept Fair Prices - Overpriced doctors and other medical providers who can't charge a reasonable rate for their services could be put out of business when new rules against surprise medical bills take effect in January, and that's a good thing, Health and Human Services Secretary Xavier Becerra told KHN, in defending the regulations. The proposed rules represent the Biden administration's plan to carry out the No Surprises Act, which Congress passed to spare patients from the shockingly high bills they get when one or more of their providers unexpectedly turn out to be outside their insurance plan's network.

ACA Numbers and Limits 2015-2022 (PDF) - Chart includes detailed breakdown of applicable dollar limits for: [1] Applicable Large Employer (ALE) Shared Responsibility Penalty (IRC Section 4980H, Forms 1094-C and 1095-C); [2] Premium Tax Credits (IRC Section 36B, Form 8962); [3] Group Health Insurance Reforms (IRC Section 9815 & Section 4980D, Form 8928); [4] Qualified Small Employer Health Reimbursement Account (QSEHRA) Contribution Limits (IRC Section 9831(d)); [5] Health Savings Accounts (IRC Section 223, Form 8889).

Open Enrollment Needs a Makeover - "During 2020's open enrollment period, 56% of employees spent more time reviewing benefits offered by their employer than in previous years ... But 35% of those surveyed admitted that they didn't fully understand the benefits they were signing up for. The solution may be to stop thinking of open enrollment as a once-a-year event.... Conversations about benefits should happen continuously within the workplace."

You Are Here: A Mall Directory for Healthcare Transparency Requirements - "This post seeks to orient group health plan sponsors regarding where they are with respect to the health care transparency guidance, provide a high-level overview of the guidance issued to date, briefly review the most recent guidance, and offer some recommendations regarding next steps for plan sponsors."

CMS Announces 2022 Medicare Parts A and B Premiums and Deductibles/2022 Medicare Part D Income-Related Monthly Adjustment Amounts- "The standard monthly premium for Medicare Part B enrollees will be \$170.10 for 2022, an increase of \$21.60 from \$148.50 in 2021. The annual deductible for all Medicare Part B beneficiaries is \$233 in 2022, an increase of \$30 from the annual deductible of \$203 in 2021."

2022 Health FSA Limit Increased to \$2,850 - For plan years beginning on or after January 1, 2022, the health FSA salary reduction contribution limit will increase to \$2,850 ... a \$100 increase to the current \$2,750 limit ... The indexed carryover limit for plan years starting in calendar year 2022 to a new plan year starting in calendar year 2023 will increase to \$570."

HIPAA Penalties Increase Again - "The penalty amounts are adjusted annually for changes in the cost of living. These updated amounts for 2021 apply for penalties assessed on or after November 15, 2021 for violations that occurred on or after November 2, 2015.... The penalty amounts vary based on the penalized entity's level of care."

Form W-2 Reporting Obligations for Health and Welfare Benefits (PDF) - "Certain employers are required to report the total cost of employer-sponsored coverage on an employee's Form W-2.... While the Internal Revenue Code permits the value of many employer-provided benefits to be excluded from an employee's gross income, there are important exceptions.... Employers are required to report contributions made to an employee's HSA ... The amount reported should include all contributions made on a pre-tax basis through a cafeteria plan -- both employee and employer contributions."

Draft Instructions for Forms 1094-C and 1095-C: Changes Mean Accurate Completion Will Be Imperative for the 2021 Reporting Season - "The draft instructions for the Forms 1094-C and 1095-C for the 2021 reporting season were released in late September with subtle, but important changes. To an untrained eye, these changes may fly under the radar. However, for the first time since the ACA's inception, employers who file incorrect or incomplete Forms 1095-C with the IRS may suffer costly penalties."

Don't Forget Medicare Prescription Drug Reporting to CMS - "Plan sponsors must provide the required coverage disclosure to CMS annually no later than 60 days following the start of a new plan year.... Plan sponsors must use CMS's credible coverage portal to complete the necessary credible coverage disclosure form."

How an FSA Grace Period and Rollover Impact HSA Eligibility - "If the FSA has a grace period and the employee has no funds remaining in the FSA at the end of the plan year, then the employee may begin contributing to the HSA at the beginning of the new plan year. However, if the employee has any funds remaining in their FSA at the end of the plan year, then they must wait until the grace period ends to begin contributing to an HSA.... If an employee rolls over any unused FSA funds to the new plan year, they would not be eligible to enroll in or contribute to an HSA. In order to be HSA eligible, the employee would need to spend all of their FSA funds by the end of the plan year or transfer the FSA funds to a limited purpose FSA."

Proposed Regs Shed Light on Upcoming Health Plan Disclosure Requirements - "The Departments have announced that they will not start enforcing the reporting requirements until December 27, 2022.... The IFR states that the Departments plan to issue a form with instructions that will give more details for these new requirements. Further, the Departments have announced that they will be developing an internet portal for electronic reporting."