

# IN THE KNOW

Bulletins for Benefits & HR Professionals



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## CMS Announcement: 2021 Special Enrollment Period in Response to the COVID-19 Emergency

“Starting on February 15, 2021 and continuing through May 15, 2021, Marketplaces using the HealthCare.gov platform will operationalize functionality to make a SEP available to all Marketplace-eligible consumers who are submitting a new application or updating an existing application. These consumers will newly be able to access the SEP through a variety of channels: through HealthCare.gov directly, the Marketplace call center, or direct enrollment channels.” [Full Article](#)

*Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services*



## New Year, New Deadlines: California and Other State Individual Mandate Reporting

“Beginning in 2021, employers sponsoring a group health plan with employees who are residents of California enrolled in the plan will be subject to the new California individual mandate reporting requirements. These employers must furnish Forms 1095-C to employees by February 1, 2021. The same IRS Form 1095-C provided to individuals under the ACA will satisfy California's requirement. While the IRS extended the federal deadline to March 2, 2021, California has not extended its deadline.”

[Full Article](#)

*Miller Johnson*

## HHS Finalizes Exchange Rules for Premium Payments Made by ICHRAs and QSEHRAs

“The preamble notes that this portion of the regulations is intended to help overcome insurers' confusion about whether they must accept payments from an ICHRA or QSEHRA, which commenters stated has been an obstacle to the implementation of these payment options.”

[Full Article](#)

*Thomson Reuters / EBIA*



## Consolidated Appropriations Act Underscores Mental Health Parity Compliance

“The MHPAEA requirement under CAA section 203 goes into effect very soon -- on February 10, 2021. It requires group health plans to 'perform and document comparative analyses of the design and application of [nonquantitative treatment limits (NQTLs)].' Group health plans must make this comparative analysis available, upon request, to [HHS], the [DOL], and the Department of the Treasury. Further, those agencies are required under the CAA to request these comparative analyses from at least 20 group health plans and/or health insurance issuers each year.” [Full Article](#)

*Ogletree Deakins*

## Helping Consumers Afford Prescription Drugs: An Antitrust Agenda for the New Congress



“Antitrust legislation in the 117th Congress should focus on preventing four types of anticompetitive conduct. Each of these approaches has bipartisan support, and most were included in bills that advanced during the last session: [1] Challenge pay-for-delay settlements; [2] Authorize the FTC to challenge product hopping; [3] Allow the FTC to challenge patent thickets; and [4] Limit sham citizen petitions.” [Full Article](#)

*Health Affairs Blog*

## District Court Grants Catholic Church Permanent Injunction Regarding Coverage of Gender-Transition Procedures

“In these consolidated cases, a coalition of entities affiliated with the Catholic Church and the State of North Dakota challenged the implementation of Section 1557 of the [ACA] contending that the [HHS and the EEOC] interpreted Section 1557 and related anti-discrimination laws in a way that compelled them to perform and provide insurance coverage for gender transitions and abortions. The court concluded that RFRA entitled the Catholic Plaintiffs to permanent injunctive relief from the provision or coverage of gender-transition procedures.” [Full Article](#)

*Kantor & Kantor*