IN THE KNOW

Bulletins for Benefits & HR Professionals

May 12, 2022

State Policy Levers to Improve Access to Telebehavioral Health

"States are utilizing a variety of policy levers to maintain access to telebehavioral health services. Commonly used levers include: [1] Creating allowances for out-of-state behavioral health providers; [2] Enabling coverage for audio-only telebehavioral health services; [3] Expanding telehealth-eligible provider types to include a broad range of behavioral health providers; and [4] Requiring payment parity for telebehavioral health visits." <u>Full Article</u>

Manatt, Phelps & Phillips, LLP



Transparency Rules are in Full Force - Be Sure You are Ready!

"The transparency rules do set forth protections for insured arrangements when the group health plan requires the insurer to provide such information via a written agreement. If insurer fails to comply, then the insurer violates transparency disclosure requirements, not the group health plan. A self-funded group health plan can enter into a written agreement requiring the TPA to provide the information. However, the plan is still responsible if the TPA fails to comply. Therefore, it is imperative to have an indemnification agreement with the TPA." Full Article

Fraser Trebilcock

In This Issue

Page 1

State Policy Levers to Improve Access to Telebehavioral Health Manatt, Phelps & Phillips, LLP

Transparency Rules are in Full Force - Be Sure You are Ready! Fraser Trebilcock

Page 2

HHS Notice of Benefit and Payment Parameters for 2023 Final Rule: Fact Sheet Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services

Sixth Circuit: Employers Act as Fiduciaries When Managing Premium Payments for Benefit Plan The Wagner Law Group

DOL and HHS Meet with Health Insurance and Business Leaders to Discuss Mental Health, Substance Use Disorder Parity U.S. Department of Labor

Employers Rush to Bolster Abortion-Travel Aid with Roe in Doubt Bloomberg Law



HHS Notice of Benefit and Payment Parameters for 2023 Final Rule: Fact Sheet

"Overall, the final rule seeks to strengthen the coverage offered by qualified health plans (QHPs) on the federal Marketplace. These policies will also ensure consumers can more easily find the right form of quality, affordable coverage for their circumstances: [1] Standardized plan options; [2] Network adequacy; [3] Changes to actuarial value (AV) de minimis ranges; [4] Refine essential health benefits (EHB) nondiscrimination policy for health plan designs; [5] Special enrollment period (SEP) verification; [6] FFM and SBM-FP user fees; [7] Risk adjustment; [8] HHS risk adjustment data validation; [9] Advanced payments of the premium tax credit (APTC) proration; and [10] Require the display of explanations for QHP recommendations on web-broker websites." Full Article



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

Sixth Circuit: Employers Act as Fiduciaries When Managing Premium Payments for Benefit Plan

"This case serves as an important reminder to employers that they may be held liable where their employees experience a loss in coverage under their welfare benefit plans from the mishandling of premium payments." <u>Full Article</u>

The Wagner Law Group

DOL and HHS Meet with Health Insurance and Business Leaders to Discuss Mental Health, Substance Use Disorder Parity



"DOL Secretary Marty Walsh and HHS Secretary Xavier Becerra met with industry leaders in a constructive dialogue, with commitments from attendees to continue to engage on these critical issues. They also raised the importance of contraceptive coverage and the need to do more to ensure women and families get this essential care." Full Article

U.S. Department of Labor

Employers Rush to Bolster Abortion-Travel Aid with Roe in Doubt

"If the high court overturns the landmark 1973 decision, large employers that operate self-funded health plans could add provisions for beneficiaries in states that restrict the procedure to travel to other states to get abortion services. Employers that provide travel expenses for abortion could run afoul of state laws. Employers that don't offer self-funded plans need to be aware of changes in state abortion laws because their health plans are covered by state insurance laws rather than ERISA."

Full Article

Bloomberg Law

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