

# Weekly Digest

• February 29, 2024 •

EMPLOYEE  
BENEFITS

## Upcoming Compliance Deadline for Group Health Plans

“Disclosure to CMS involves certifying that your plan's prescription drug coverage is at least as good, actuarially speaking, as the standard coverage offered by Medicare. While this may seem difficult to quantify (and it is!), CMS provides a general basis against which you can measure your plan's coverage to determine whether it is creditable.” [Full Article](#)

*Reid and Riege, P.C.*



## The MHPAEA Proposed Rule: 'Meaningful Benefits' and the 'Scope of Services'

“Under current law, if a plan provides any mental health or substance use disorder (MH/SUD) benefits in any classification of benefits, benefits for that condition or use disorder must be provided in every classification in which medical/surgical (M/S) benefits are provided. The proposed regulations modify this standard...” [Full Article](#)

*McDermott Will & Emery*

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*By, Fenwick & West LLP*

## Federal Regulators Unveil Revised Final Guidance for Healthcare Cybersecurity and HIPAA Compliance

"On February 14, 2024, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) and the National Institute of Standards and Technology (NIST) published a new, final version of their guidance for regulated healthcare entities to follow to improve cybersecurity and compliance with the Health Insurance Portability and Accountability (HIPAA) Security Rule."

[Full Article](#)

*Ogletree Deakins*



### Group Health Plan Fiduciaries May Now be a Target of Lawsuits for Excessive Fees

"In light of the J&J case and recent uptick in group health plan litigation alleging breach of fiduciary duty, group health plan fiduciaries may wish to evaluate their current fiduciary governance structure to ensure a process is in place for selecting and monitoring group health plan service providers. This may include a renewed focus on contract terms and monitoring group health plan costs, especially prescription drug costs and the amounts paid to PBMs and the plans' consultants and administrators, in order to ensure such costs remain reasonable." [Full Article](#)

*Smith, Gambrell & Russell, LLP*

### Court Finds Health Plan Not Required to Furnish Administrative Service Agreements in Response to ERISA Document Request

"In *Zavislak v. Netflix, Inc.*, the U.S. District Court for the Northern District of California has largely rejected a plaintiff's assertion that an employer/plan administrator for an ERISA self-funded group health plan failed to timely furnish certain plan documents..."

[Full Article](#)

*The Wagner Law Group*



### The Shifting Regulatory Landscape for Level-Funded Plans: An Alternative for Group Health Insurance

"Level-funded health plans are steadily gaining ground as a viable middle approach between fully insured health plan and self-funded health plans .... Their growing popularity, however, is now catching the attention of both lawmakers and regulators who are concerned about the lack of regulation that exists between fully insured and self-insured plans, particularly regarding the use of stop-loss insurance." [Full Article](#)

*Fenwick & West LLP*