

Weekly Digest

• April 9, 2024 •

HHS Finalizes 2025 Benefit and Payment Parameters, Issues FAQ (Part 66) on EHB Prescription Drug Requirements

"The **regulations** and a contemporaneously issued **FAQ** also clarify certain EHB prescription drug requirements. The FAQ clarifies that the regulation does not address the policy's application to large group market and self-insured health plans and indicates that the agencies intend to propose rulemaking that would also require these plans to treat prescription drugs covered by the plan or in excess of the applicable EHB benchmark as EHBs for purposes of the annual limitation on cost-sharing and the prohibition on annual and lifetime limits." [Full Article](#)

Thomson Reuters / EBIA



Reminder: Dependent Care Assistance Is Now Excludable in Pennsylvania, Retroactive to 2023 Tax Year

"Pennsylvania amended its tax law to make amounts contributed to dependent care assistance excludable for income tax purposes. The change aligns Pennsylvania with the federal treatment and is retroactive for the 2023 tax year. Employers may have withheld taxes on dependent care assistance contributions and may have issued Forms W-2 that overstated income." [Full Article](#)

Ogletree Deakins

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Go Your Own Way (Or Maybe Not): New Heightened Fiduciary Standards are Coming to Group Health Plans

"The Consolidated Appropriations Act (CAA) in 2021 extended the ERISA 408(b)(2) fee disclosure requirements to group health plans. These new rules give employers and plan fiduciaries unprecedented leverage with their service providers. With this greater knowledge and understanding comes more risk of criticism that an employer or plan fiduciary could have looked closer and should have looked closer at fees and plan design in carrying out their fiduciary responsibilities." [Full Article](#)

Holland & Hart, LLP



Can a Health Plan Participant Waive the Surprise Billing Protections?

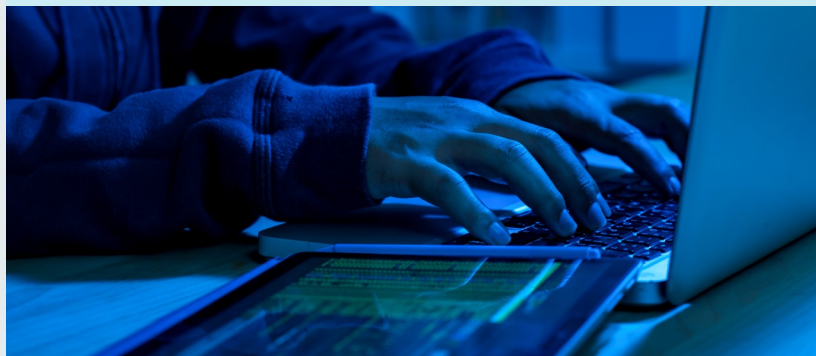
"For certain services, a plan need not apply the surprise billing protections, and a nonparticipating provider is not prohibited from balance billing, if the provider has satisfied notice requirements and obtained participant consent. For each service furnished by a nonparticipating provider relying on the notice-and-consent document, the provider must timely notify the plan that the service was furnished during a visit at a participating health care facility, and, if applicable, provide to the plan or insurer a copy of the signed notice-and-consent document." [Full Article](#)

Thomson Reuters / EBIA

Medicare Spending on Ozempic and Other GLP-1s Is Skyrocketing

"Total gross Medicare spending on the three newest versions of these diabetes medications that have also been recently approved for weight loss -- Ozempic, Rybelsus, and Mounjaro -- has skyrocketed in recent years, rising from \$57 million in 2018 to \$5.7 billion in 2022. The combination of intense demand, new uses, and high prices for these treatments is likely to place tremendous pressure on Medicare spending, Part D plan costs, and premiums for Part D coverage." [Full Article](#)

Kaiser Family Foundation



Is Your Data Secure? HHS Opens Investigation into Change Healthcare Cyberattack

"Although the OCR stated it is not prioritizing investigations of health care providers, health plans or business associates that were impacted by this cyberattack, the OCR did remind entities that have partnered with Change Healthcare and UHG of their regulatory obligations and responsibilities, including ensuring that up-to-date business associate agreements are in effect, and that timely breach notifications to HHS and the affected individuals are provided." [Full Article](#)

Haynes and Boone, LLP