Weekly Digest

• October 24, 2023 •

What Are the Health Plan ID Card Transparency Requirements? (PDF)

"For plan years beginning on or after January 1, 2022, any physical or electronic plan or insurance identification card issued to group health plan participants or beneficiaries must clearly state ... [1] any applicable deductible; [2] any applicable out-of-pocket maximum limitation; and [3] a telephone number and internet website address through which the individual may seek consumer-assistance information." **Full Article**

Thomson Reuters / EBIA



10 Important Issues for Employers During the 2024 Open Enrollment Season

"[1] Affordability of group health plan [2] HDHP/HSA limits [3] Updated CHIP notice [4] HIPAA notice of privacy practices Summary of Benefits and Coverage [5] [6] Annual compliance notices. [7] Wellness program notices [8] Life insurance evidence of insurability [9] Premium payments for fixed indemnity/specified disease insurance [10] Coordinate with insurer/TPA on NQTL comparative analysis and gag clause attestation." prohibition compliance Full Article

Dickinson Wright

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Text of IRS Notice 2023-70: Insured and Self-Insured Health Plans Adjusted Applicable Dollar Amount for PCORI Fee Imposed by Sections 4375 and 4376 (PDF)

"The fee imposed by sections 4375 and 4376 helps to fund the Patient-Centered Outcomes Research Trust Fund (PCORTF) and is calculated using the average number of lives covered under the policy or plan and the applicable dollar amount for that policy year or plan year." **Full Article**

Internal Revenue Service (IRS)



Fiduciary Governance: HIPAA and Cybersecurity Best Practices

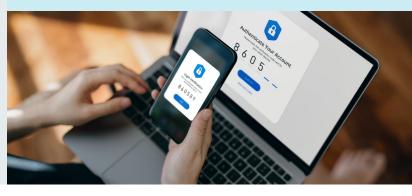
"Plans considered 'covered entities' under HIPAA are subject to privacy and security rules governing individually identifiable health information. Plan sponsors must plans' implement their physical, administrative, and technical safeguards to e-PHI protect against cyberthreats. Fiduciaries should not stop at HIPAA-covered health data but should equally safeguard any information personally identifiable of employees in connection with their welfare benefit plans." Full Article

Nixon Peabody

New Illinois Law Mandates Certain Employers Offer Pre-Tax Commuter Benefits Starting January 1

"Beginning January 1, 2024, a covered employer must make available a pre-tax commuter benefit to covered employees. Covered employees are those employees who work an average of at least 35 hours per week. The Act applies to covered employers with at least 50 covered employees in one of more of [certain specified] locations. Illinois is not the first jurisdiction to enact such a law; employers with multi-state operations should confirm which states and municipalities in which they operate may require the adoption of the same or similar type of program." <u>Full</u> <u>Article</u>

> Michael Best & Friedrich LLP



Transparency in Coverage Update: Status of Current Enforcement and Future Rulemaking

"All covered plans will need to move ahead with publishing machine-readable files with prescription drug cost information, but future guidance will be issued on the implementation timeline for those plans that have relied on the enforcement delay. Also, plans that use alternative reimbursement arrangements for in-network providers will no longer be able to use the safe harbor that was previously available for reporting in-network rates." **Full Article**

Slevin & Hart, P.C.

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