

Welcome

Employee benefit laws change rapidly —
UBA Partner Firms help their clients stay one step ahead
with ongoing expert compliance resources.



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Please remember, employment and benefits law compliance depends on multiple factors – particularly those unique to each employer’s circumstances. Numerous laws, regulations, interpretations, administrative rulings, court decisions, and other authorities must be specifically evaluated in applying the topics covered by this webinar. The webinar is intended for general-information purposes only. It is not a comprehensive or all-inclusive explanation of the topics or concepts covered by the webinar.



Understanding the End of the COVID-19 Public Health Emergency



Agenda

- Learn what the end of the Public Health Emergency means for employers and group health plans.
- Gain insights into:
 - Private insurance coverage flexibilities that will expire on May 11, 2023
 - Deadlines to request internal and external appeals for adverse benefit determinations
 - Timeframes for filing claims under the plan's claims-processing procedures



Agenda

- Be able to answer these questions:
 - How will group health plans cover COVID-19 tests, testing-related services, and vaccines?
 - How will COBRA and HIPAA be impacted?



The Public Health Emergency: A Quick Look Back to Look Forward



- The Families First Coronavirus Response Act (FFCRA) generally requires group health plans (including fully insured, self-insured, and level-funded plans) and health insurance issuers:
 - To provide benefits for items and services related to the testing and diagnosis of COVID-19 as of March 18, 2020, and through the end of the public health emergency period declared by HHS.
 - This coverage must be provided without cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management techniques.

- Through the end of the plan year that begins before the end of the public health emergency, large employers can offer telehealth services to employees who are not eligible for any other employer-sponsored group health plan (i.e., standalone telehealth) without being subject to certain federal laws regulating group health plans.

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act amended the FFCRA to include a broader range of items and services that must be covered, including coverage for approved COVID-19 vaccines.
 - Per the CARES Act, coverage for the COVID-19 vaccine must be provided by non-grandfathered group health plans without cost sharing, regardless of whether the vaccine is administered by an in- or out-of-network provider.
 - However, once the public health emergency ends, the COVID-19 preventive-services coverage mandate will continue to apply, but only on an “in-network” basis.

- Group Health Plan Impact

- With the public health emergency still effective, group health plans must continue to provide coverage related to the testing (including certain over-the-counter tests) and diagnosis of COVID-19 without cost-sharing requirements.
- Similarly, coverage for the COVID-19 vaccine must be provided (by non-grandfathered group health plans) without cost sharing for both in- and out-of-network providers.

IMPORTANT:

The public health emergency (providing COVID-19 services) is separate from the national emergency (also still effective), which provides an extension of certain deadlines impacting group health plan administration, such as ERISA disclosures or COBRA deadlines.

First Extension | Effective October 13, 2022, the COVID-19 public health emergency once again was extended through January 11, 2023, by the Department of Health and Human Services (HHS).

Second Extension | On January 11, 2023, the public health emergency was extended once again and is now effective through April 11, 2023.

Third Extension | On January 30, 2023, the Biden Administration released a Statement of Administration Policy announcing their plan to extend the public health emergency AND the national emergency until May 11, 2023, upon which the declarations would expire.

The end of these declarations will trigger the end of certain temporary relief impacting coverage and plan administration.

Compliance Snapshot:

What does
this third
extension
mean?



Compliance Snapshot #1

- COVID-19 preventive services regarding vaccine coverage mandates will continue to apply, but only on an “in-network” basis.
- In addition, cost-sharing requirements for COVID-19 testing (including over-the-counter tests) and related services may change.

Compliance Snapshot #2

- Large employers will no longer be able to offer telehealth services to employees who are not eligible for any other employer-sponsored group health plan (without being subject to certain federal laws).

Compliance Snapshot #3

With an anticipated May 11, 2023, expiration date for the National Emergency, the Outbreak Period is expected to end July 10, 2023 (60 days after the end of the National Emergency), which will impact the following deadlines:

- requests for HIPAA special enrollment rights;
- electing and paying for COBRA coverage;
- submitting claims and appeals;
- employer deadlines to furnish certain required notices and disclosures under ERISA (such as the provision of SPDs or summary annual reports (SARs); and
- File benefit claims, appeal adverse benefit determinations, request an external review, and perfect an external review request.

Impact on Group Health Plans & Employers



Coverage/Plan Administration:

COVID-19 Testing (including over-the-counter tests) and Related Services Coverage

Group Health Plan Impact:

As of May 11, 2023, plans will no longer be required to cover COVID-19 diagnostic testing and related services without cost sharing, prior authorization, or other medical management requirements.

Employer Action:

Confirm with insurers/TPAs how coverage for COVID-19 diagnostic testing-related services, including over-the-counter tests, and COVID-19 vaccines may change (and when). And communicate any cost-sharing and coverage changes to participants and distribute SMMs or an SPD, as needed.

Coverage/Plan Administration: COVID-19 Vaccine Coverage

Group Health Plan Impact:

As of May 11, 2023, preventive-services coverage will continue to apply for COVID-19 vaccines, but coverage will only be required on an “in-network” basis. As a result, cost-sharing may apply to COVID-19 vaccines received out-of-network.

Employer Action:

Confirm with insurers/TPAs how coverage for COVID-19 diagnostic testing-related services, including over-the-counter tests, and COVID-19 vaccines may change (and when). And communicate any cost-sharing and coverage changes to participants and distribute SMMs or an SPD, as needed.

Coverage/Plan Administration:

Deadline Relief (Part 1)

Group Health Plan Impact:

As of July 10, 2023 (60 days after the expiration of the national emergency), various pre-COVID deadlines will resume their normal timeframes, such as COBRA elections & HIPAA Special Enrollment Rights.

Employer Action:

Discuss with COBRA administrator to understand any COBRA administration changes, if they can identify individuals who may be impacted by this change, and how communications will be handled.

Coverage/Plan Administration: Deadline Relief (Part 2)

Group Health Plan Impact:

As of July 10, 2023 (60 days after the expiration of the national emergency), various pre-COVID deadlines will resume their normal timeframes, such as COBRA elections & HIPAA Special Enrollment Rights.

Employer Action:

Administer HIPAA Special Enrollment Rights requests aligned with timeframes stated in plan terms.

Communicate this deadline relief no longer applies to plan participants.

Coverage/Plan Administration:

Standalone Telehealth

Group Health Plan Impact:

Large employers will no longer be able to offer telehealth services to employees who are not eligible for any other employer-sponsored group health plan, effective when the plan year that began prior to May 11, 2023, ends. (e.g., effective 1/1/2024 for calendar year plans).

Employer Action:

Discuss with carrier/TPA and review telehealth eligibility terms to ensure telehealth services are offered compliant with the ACA and other federal requirements.

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Benefit Considerations during Layoffs,
Mergers, and Acquisitions

Chapter by Chapter: Best Practices
in Employee Handbooks

Register at: ubabenefits.com/compliance

Apr. 11

May 9

June 13

COBRA Rules and Best Practices

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Thank You

