

Heard on the Net

April 2022

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Just go to -

<https://dcahu.org/legislative--7863.htm>

Editor's Note: This first segment is a recorded very informative ZOOM video interview with the CA Health & Human Services Secretary about learning to live with Covid. I urge our DCAHU Members to watch this interview.

Watch: California's Top Health Adviser on Learning to Live With Covid - KHN Senior

Correspondent Samantha Young joined California Health and Human Services Secretary Mark Ghaly for an engaging conversation about how California moves forward in an environment in which Covid persists, but at more manageable levels.

Executive Office of the President - IRS Proposal to Fix 'Family Glitch' and Lower Health Care Costs - "Current regulations define employer-based health insurance as 'affordable' if the coverage solely for the employee, and not for family members, is affordable, making family members ineligible for a premium tax credit even though they need it to afford high-quality coverage through the Marketplace.... The Treasury Department and the IRS are proposing to eliminate the 'family glitch.' Should today's proposed rule be finalized, family members of workers who are offered affordable self-only coverage but unaffordable family coverage may qualify for premium tax credits to buy ACA coverage. Should the proposed change be made, it's estimated that 200,000 uninsured people would gain coverage, and nearly 1 million Americans would see their coverage become more affordable."

Proposed "Family Glitch" Regs Would Base Eligibility for ACA Premium Tax Credits on Affordability of Family Coverage

- "Some employers may see a shift from family coverage to self-only coverage if family members become eligible for PTCs and prefer QHP coverage over employer coverage. Applicable large employers may also foresee additional Code Section 6056 reporting obligations since, to administer family-member PTCs, the IRS would need information on the required employee contribution for family coverage and whether the coverage provides minimum value."

California Healthline: How To Avoid Surprise Bills — And The Pitfalls In The New Law

- Patients are no longer required to pay for out-of-network care given without their consent when they receive treatment at hospitals covered by their health insurance since a federal law took effect at the start of this year. But the law's protections against the infuriating, expensive scourge of surprise medical bills may be only as good as a patient's knowledge — and ability to make sure those protections are enforced. Here's what you need to know.

Protecting Patients from Surprise Medical Bills (PDF) - (an AHIP Brochure for your clients)

- At least 1 in 6 patients who have health insurance will receive a surprise medical bill from a provider or specialist who treated them.... Most studies on surprise medical bills have found that these bills were most likely to come from emergency medicine physicians, anesthesiologists, radiologists, and

pathologists.... Every year, the outrageous out-of-network bills from a subset of specialty physicians result in \$40 billion in additional spending in employer-provided coverage alone."

The 2022 CHCF California Health Policy Survey - This recent statewide survey found that one in four Californians had trouble paying a medical bill in the last 12 months. The survey also captures Californians' health care priorities for the governor and legislature to address.

If Feds Don't Act, Millions In CA Will Lose Health Insurance - Millions of Californians face the prospect of losing health coverage this year as federal measures that vastly expanded the ranks of the insured amid the COVID-19 pandemic are set to expire this year. Because of increased federal financial help from the American Rescue Plan, for instance, two out of every three state residents who enrolled through Covered California were able to get policies that cost \$10 or less per month. The state-based insurance marketplace reported a record enrollment of 1.8 million after at the conclusion of this year's open enrollment period, up from 1.6 million for the comparable period a year earlier.

One-Third of Americans Say They Can't Afford to Contribute to an HSA - "The challenge is one of implementation; getting workers to focus on the differences in contributions, deductibles, employer support in the form of contributions to HSAs and out of pocket expense maximums. The implementation challenge often arises when a plan sponsor/employer simply introduces an HSA-capable coverage as an alternative to a traditional PPO and/or HMO option, without any education or transitions."

Health Insurance Marketplaces: 2022 Open Enrollment Report (PDF) - "Over 14.5 million consumers selected or were automatically re-enrolled in health insurance coverage through [HealthCare.gov](https://www.healthcare.gov) and State-based Marketplaces during the 2022 [open enrollment period (OEP)]. Over 2.5 million more consumers signed up for coverage during the 2022 OEP compared to the 2021 OEP, a 21 percent increase."

CMS Announces 2023 Medicare Part D Benefit Parameters Used for Creditable Coverage Disclosures - "These parameters will be used by group health plan sponsors to determine whether their plans' prescription drug coverage is creditable for 2023. The information is needed for required disclosures to Part D eligible individuals and to CMS."

Nonenforcement Policy for ACA Noncompliant 'Grandmothered' Plans Is Extended Indefinitely - "Previously, CMS extended this nonenforcement policy to eligible individual and small group market plans, commonly known as 'grandmothered plans,' one year at a time. This year's open-ended extension may reflect a policy shift--or simple pragmatism. Grandmothered plans are distinct under the ACA from 'grandfathered plans,' which are plans that were in existence on March 23, 2010, and have not undergone certain prohibited changes."

What Business Owners Should Know About Qualified Sick Pay Plans - "A QSPP is an agreement that sets company policy before a disability occurs. It establishes who should be included, how much salary they will be paid, when payments start, and how long the payments will last.... This legal document, recognized by the IRS, allows your business to provide income to select employees even if they're out of work for years. With a QSPP in place, you can pay the employee's salary and deduct their wages from the company's taxes just as you would for a regular full-time employee."