

# Publications

## Extension of Group Health Plan Compliance Dates

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### CLIENT ALERT | 8.27.2021

On August 20, 2021, the DOL published FAQs [Part 49](#) announcing the extension of the compliance dates for a few – but far from all – of the new group health plan mandates under the Tri-Department transparency regulations and the Consolidated Appropriations Act (CAA). See the listing below.

Note that the compliance dates for the CAA surprise medical billing protections were not postponed: those are still scheduled to apply to plan years starting on or after January 1, 2022. For more information on the CAA surprise medical billing protections, see our client alert: [Surprise Medical Billing Protections Coming in 2022](#).

Plan sponsors will want to document that they are working with their vendors to ensure timely compliance with these mandates.

### Requirement

#### Original compliance date

#### Extended compliance date

Group health plan must make public a machine-readable file with in-network provider rates for covered items and services. Treas. Reg. §54.9815-2715A3.

Plan years beginning on or after 1/1/2022

For plan years starting 1/1/2022-6/30/2022, the compliance date is extended to 7/1/2022. Not extended for plan years beginning on or after 7/1/2022. DOL FAQs Part 49 Q&A-2.

Group health plan must make public a machine-readable file with out-of-network allowed amounts and billed charges for covered items and services. Treas. Reg. §54.9815-2715A3.

Plan years beginning on or after 1/1/2022

For plan years starting 1/1/2022-6/30/2022, the compliance date is extended to 7/1/2022. Not extended for plan years beginning on or after 7/1/2022. DOL FAQs Part 49 Q&A-2.

Group health plan must make public a machine-readable file with negotiated rates and historical net prices for covered prescription drugs. Treas. Reg. §54.9815-2715A3.

Plan years beginning on or after 1/1/2022

Indefinitely extended, pending publication of revised regulations. DOL FAQs Part 49 Q&A-1.

Group health plan must offer self-service price comparison tool for 500 shoppable covered items and services. Treas. Reg. §54.9815-2715A2.

Plan years beginning on or after 1/1/2023

Not extended. The Departments will propose the addition of a telephone number for assistance. DOL FAQs Part 49 Q&A-3.

Group health plan must offer a self-service price comparison tool for all covered items and services. Treas. Reg. §54.9815-2715A2.

Plan years beginning on or after 1/1/2024

Not extended. The Departments will propose the addition of a telephone number for assistance. DOL FAQs Part 49 Q&A-3.

Group health plan must offer a price comparison tool. CAA Div. BB §114, adding Code §9819

Plan years beginning on or after 1/1/2022

The Departments think the price comparison tool required by the CAA is “largely duplicative” of the price comparative tool required by the transparency regulations. In order to line up to the two sets of requirements, the Departments extended the compliance date of the CAA price comparison tool to the plan years beginning on or after 1/1/2023. The Departments expect to propose that compliance with Treas. Reg. §54.9815-2715A2 (updated to include a telephone number) will constitute compliance with CAA Div. BB §114. DOL FAQs Part 49 Q&A-3.

Group health plan must include deductibles and OOP maximum on ID cards. CAA Div. BB §107, adding Code §9816(e).

Plan years beginning on or after 1/1/2022

Not extended. Use a good faith, reasonable interpretation of the requirement pending regulations (not expected prior to 1/1/2022). DOL FAQs Part 49 Q&A-4.

A health care provider must give a patient a good faith estimate of costs if the patient does not have health coverage or does not intend to submit a claim to an insurer or plan. CAA Div. BB §112, adding PHSA §2799B-6.

1/1/2022

Not extended. HHS expects to publish regulations before 1/1/2022. DOL FAQs Part 49 Q&A-5.

A health care provider and group health plan must work together to provide an advanced EOB to a patient scheduling services. CAA Div. BB §111, adding Code 9816(f), and CAA Div. BB §122, adding PHSA §2799B-6

Plan years beginning on or after 1/1/2022

Indefinitely extended, pending publication of regulations. DOL FAQs Part 49 Q&A-6.

A group health plan is prohibited from entering into a contract that has a gag clause applicable to provider cost or quality data. CAA Div. BB §201, adding Code §9824.

12/27/2020

Not extended. Use a good faith, reasonable interpretation of the requirement. The Departments will publish regulations on the process for submitting attestations of compliance. DOL FAQs Part 49 Q&A-7.

A group health must apply in-network cost sharing to a participant's claim if a participant relies on directory information that incorrectly identifies a health care provider as in-network. CAA Div. BB §116, adding Code §9820.

Plan years beginning on or after 1/1/2022

Not extended. Use a good faith, reasonable interpretation of the requirement pending regulations (not expected prior to 1/1/2022). DOL FAQs Part 49 Q&A-8.

Continuity of care, when termination of contractual relationship results in changes in provider or facility network status. CAA Div. BB §113, adding Code §9818.

Plan years beginning on or after 1/1/2022

Not extended. Use a good faith, reasonable interpretation of the requirement pending regulations (not expected prior to 1/1/2022). DOL FAQs Part 49 Q&A-10.

A group health plan must certain prescription drug information and costs to the government. CAA Div. BB §204, adding Code §9825.

First report is due by 12/27/2021. Subsequent reports are due by 6/1 of following years.

Deadline for first and second reports extended, pending regulations or further guidance. Plans should expect to have to report 2020 and 2021 data by 12/27/2022. DOL FAQs Part 49 Q&A-12.