

Departments Release FAQs about the No Surprises Act and Other Transparency Provisions for Group Health Plans

August 24, 2021

The DOL, HHS, and Treasury (collectively, the "**Departments**") jointly released FAQs addressing the implementation of certain requirements under the No Surprises Act of the Consolidated Appropriations Act of 2021 (the "**CAA**"), which are generally effective for plan years beginning on or after January 1, 2022, and other transparency provisions of the Affordable Care Act (the "**ACA**") and CAA. The FAQs address the following topics:

- Transparency in Coverage Machine-Readable Files,
- Price Comparison Tools,
- Transparency in Plan or Insurance Identification Cards,
- Good Faith Estimate,
- Advanced Explanation of Benefits,
- Prohibition on Gag Clauses on Price and Quality Data,
- Protecting Patients and Improving the Accuracy of Provider Directory Information,
- Continuity of Care,
- Grandfathered Health Plans, and
- Reporting on Pharmacy Benefits and Drug Costs.

Notably, the Departments state in the FAQs that enforcement of the requirement that plans publish machine-readable files relating to certain in-network and out-of-network information will be deferred until July 1, 2022 and that they do not expect to issue regulations prior to January 1, 2022 on certain requirements including, among others, the Advanced Explanation of Benefits and the Provider Directory requirements.

Employers sponsoring group health plans for their employees should review the FAQs for how-to guidance on complying with the No Surprises Act and other transparency provisions under the ACA and CAA.

The FAQs are available [here](#).