

New Provisions for Group Health Plan Administrative Services Agreements

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As discussed in our prior blog post [here](#), employer-sponsored, group health plans that impose nonquantitative treatment limitations ("**NQTLs**") on mental health or substance use disorder benefits ("**MH/SUD Benefits**") must make available to certain federal agencies, upon request, a "comparative analysis" report of the design and application of NQTLs under the plan. Plan sponsors should review their services agreements with third party administrators ("**TPAs**") to determine whether the TPA will perform the analysis on behalf of the group health plan and provide the plan sponsor with a legally-compliant report covering the application of NQTLs for MH/SUD Benefits. While many TPAs currently provide some information to assist a plan sponsor with preparing the NQTL comparative analysis report, it is ultimately the plan sponsor's responsibility to provide such report to the federal agencies if requested, and not the TPA's obligation even though the TPA controls the data needed to prepare the report. Plan sponsors may, therefore, want to ensure this matter is addressed in their services agreements with TPAs. In addition, when entering into or renewing services agreements with TPAs and other health plan service providers, plan sponsors should consider new provisions that are needed for compliance with other changes in applicable laws, such as the No Surprises Act and the Transparency in Coverage final rule, which are discussed in our prior blog post [here](#).