

Client, Broker, & Consultant Newsletter

September 10th, 2021

Welcome to our September edition of our monthly newsletter.

First, we want to thank all of you who returned your satisfaction surveys on time. RGA and our Account Management team continually strive to exceed your expectations. Your participation in our annual survey to measure your satisfaction with our performance is very important to us and helps us continue to improve and serve your needs.

Today's line-up:

Coming Soon!

- **NEW DATE: Our Next Webinar is on Tuesday, Sept 21st Webinar, "Trends in Cancer Diagnosis and Preventive Care During COVID"**

Have you Heard?

- **Federal Emergency Unemployment Benefits End**

Regulatory Updates

- **Transparency in Coverage – Revised Enforcement Dates**
- **Reminder: American Rescue Plan Act (ARPA) COBRA Subsidies Ending**
- **Reminder: New WA PALs Assessment Requirement**

COVID-19 Update

- **President Biden Issues Vaccination Mandates for Over 100M Workers and New Testing and Safety Measures**
- **'Crisis Standard of Care' Activated in Response to Overwhelmed Hospitals**
- **Exploring Surcharges for Employees Not Vaccinated Against COVID-19**
- **From Delta to Mu**
- **Booster Vaccines Approved...and Coming Soon**
- **Regular COVID Reporting Continues**
- **Member Support**

[Link to last month's newsletter](#)

Coming Soon!

**NEW DATE: Our Next Webinar is on Tuesday, September 21st
"Trends in Cancer Diagnosis and Preventive Care During COVID."**

How has COVID affected trends in cancer diagnosis and preventive care? Join our discussion on Sept. 21st for the latest updates and a look into the trends we are seeing. This is the last webinar closing out our summer educational series.

11:00 – 11:30 AM on Tuesday, Sept 21st, 2021

[Register now!](#)

Host: Heather Hill, VP of Business Development

Speakers:

Linda Cole, MHA, BSN, OCN: Linda Cole is our Director of Member Care. At her prior role, she was an Oncology nurse for 34 years at Swedish Medical Center, Seattle, WA in nursing and operations management of the Swedish Cancer Institute specializing in the ambulatory cancer patient experience: Medical Oncology, Infusion and Cancer Research.

Paige Leonnig: Paige is our Manager of Client Data Analytics. Her team is responsible for KPIs, trending operational data, and reporting for all of our clients. Examples of reporting provided to clients includes: utilization metrics, population health insights, and custom reporting based on client needs. Paige and the Client Analytics team are passionate about harnessing data to improve the lives of the members we serve!

REGISTER NOW

Have You Heard?

Federal Emergency Unemployment Benefits End

The clock ran out on Friday, September 4th, for the remaining federal emergency unemployment benefits that began paying out to the jobless in March 2020 as part of the CARES Act. Nationally, 7.2 million people lost all unemployment benefits and another 3 million lost the \$300 extra weekly benefit. Read more about it [here](#). What remains to be seen is if the loss of unemployment benefits for millions will spur a hiring frenzy among the many companies scrambling to fill open positions.

Regulatory Updates

Transparency in Coverage – Revised Enforcement Dates

Late on August 20th, 2021, the Departments of Health and Human Services,

Labor, and Treasury ("the Departments") released [FAQs About Affordable Care Act \(ACA\) and Consolidated Appropriations Act \(CAA\), 2021 Implementation PART 49](#). The FAQ contained updated guidance on several mandates due to overlapping requirements in the CAA issued on Dec 27, 2020, and the Transparency in Coverage Ruling released on January 11, 2021.

The takeaway is that the due dates for some items have been delayed or deferred while others remain unchanged. We are proceeding with all known requirements under the guidance from Section C, paragraph 5 of the published IFR, Part 1 which states; "*Until rulemaking to fully implement these provisions is finalized and **effective, plans and issuers are expected to implement the requirements using a good faith, reasonable interpretation of the statute.***"

Which requirements are still due on Jan 1, 2022?

- Balance Billing
- Compliance Reporting
- Continuity of Care
- Identification Cards
- Provider Directory

Which requirements have revised due dates?

Due dates for three requirements have been revised as described below:

Advanced Explanation of Benefits (AEOB), due date now TBD

The Departments will defer enforcement of the AEOB requirement due to feedback from the public regarding the challenges of developing the technical infrastructure necessary for providers and facilities to transmit to plans by the original due date of January 1, 2022.

Machine Readable Files (MRF), due dates now delayed and TBD

Due to considerable time and effort required to make the machine-readable files available in the form and manner required in the Transparency in Coverage Final Rules, the Departments have modified the due dates for these items. The Departments will defer enforcement of the Rx Drug File while it considers whether the Rx Drug File requirement remains appropriate.

- In-Network Rate Files: July 1, 2022
- Out-of-Network Rate Files: July 1, 2022
- Prescription (Rx) Drug Files: TBD

Price Comparison Tool: initial due date delayed to January 1, 2023

The price comparison methods required by the CAA are largely duplicative of the Internet Self-Service Tool requirement of the TIC Ruling. The Departments intend to propose rulemaking that allows the Internet Self-Service Tool requirement due on January 1, 2023, to satisfy the mandate. The Departments will defer enforcement of the Price Comparison Tool until January 1, 2023. The ruling to combine the mandate requirements is yet to be released.

- Price Comparison Tool, delayed to January 1, 2023
- Self-Service Online Estimate Tool (500 Shoppable Services), no change: 1/1/2023

- Self-Service Online Estimate Tool (All Services), no change: 1/1/2024

Reminder: American Rescue Plan Act (ARPA) COBRA Subsidies Ending

The COBRA premium subsidy provided by the American Rescue Plan Act of 2021 expires September 30th, 2021. RGA has sent notifications to all impacted members covered under an RGA COBRA plan. If your COBRA is through another partner, please reach out to them to confirm that they have provided notification to your COBRA members.

Reminder: New WA PALs Assessment Requirement

In April 2020, the Washington state legislature passed House Bill 2728, which directed Health Care Authority (HCA) to collect a fee to fund WA public access line services (WA PALs), a program that supports primary care providers with questions about children's mental health care. This fee applies to all employers or entities that provide health care in the state of Washington, including both self-insured and fully-insured, employee welfare benefit plans. The fee owed by such entities is calculated based on the number of lives the plan covers within the state.

Plans should have received correspondence in August from KidsVax, the organization chosen by HCA to administer and collect fee assessments for the WA PALs program. Plans will be expected to provide to KidsVax quarterly covered lives reports within forty-five (45) days of the end of each quarter, with the first quarter measurement period starting July 1, 2021, and ending September 30, 2021. Once the first quarterly report has been received and evaluated, Plans should expect to receive an invoice detailing their fee responsibility and how to remit payment.

From a reporting perspective, clients should have already filed their first PALs assessment that was due on August 30th. Moving forward, we plan to provide PALs-specific reporting to you, with the first round of data delivered October 15th for July, August, and September counts.

Employers should designate a contact person within the organization to receive correspondence from KidsVax by signing up for email update [here](#).

WA PALs funding is based upon payer self-reporting of covered lives on a quarterly basis. That quarterly reporting for WA PALs funding will be in three age bands:

1. Child covered lives (ages 0-18)
2. Adult band 1 (ages 19-64)
3. Adult band 2 (ages 65 and above)

Since assessments are computed on a per covered life per month basis, payer quarterly reporting obligations will involve a total of nine numbers: the covered lives total for each of the three age bands for each of the three months:

EXAMPLE:

Q3	July 2021	August 2021	September 2021
Children	# of WA covered lives age 0-18	# of WA covered lives age 0-18	# of WA covered lives age 0-18
Adult1	# of WA covered lives age 19-64	# of WA covered lives age 19-64	# of WA covered lives age 19-64
Adult2	# of WA covered lives age 65 and up	# of WA covered lives age 65 and up	# of WA covered lives age 65 and up

As a reminder, the timeline for payer obligations is shared below:

Due Date	Payer Obligation
August 30, 2021	<ul style="list-style-type: none"> PALS registration Quarterly report for April, May, & June 2021*
November 15, 2021	<ul style="list-style-type: none"> Quarterly report for July, August, & September 2021 WAPAL assessment payment to KidVax**
45 th day of each quarter calendar thereafter	<ul style="list-style-type: none"> Ongoing quarterly reports WAPAL assessment payment to KidVax**

*The assessment rate for April, May, & June 2021 is \$0.00

**The assessment rate per covered life should be set by October 2021.

Q: How much is the fee per covered life?

A: The rate for the WA PALs assessment has not been set yet. It is expected to be set by the end of October.

For step-by-step instructions please view this [PowerPoint](#) or [webinar](#).

COVID-19 Update

President Biden Issues Vaccination Mandates for Over 100M Workers and New Testing and Safety Measures

Last night, on Sept 9th, President Biden addressed the nation and [announced a new action plan](#) to control the spread of the COVID-19 virus.

- Biden stated, "The Department of Labor is developing an emergency rule to require all employers with 100 or more employees, that together employee over 80 million workers, to ensure their workforces are fully vaccinated or show a negative test at least once a week." Additionally, employers must provide paid time off for workers to get vaccinated.
- Expansion of vaccination requirements for healthcare workers. He previously issued vaccination requirements for all nursing home workers who treat patients on Medicare and Medicaid. These requirements now extend to those who work in hospitals, home healthcare facilities, or other medical facilities -- a total of 17 million healthcare workers.
- Vaccine requirements for all educators in Head Start programs and he urged all governors to require vaccinations for all teachers and staff in all schools.
- New testing and safety measures:
 1. Using the Defense Production Act, the Biden administration has partnered with top U.S. retailers to increase production of rapid tests, including home tests that will be sold at cost for the first three months starting next week.
 2. 10,000 pharmacies will expand free on-site testing and the Administration committed \$2 billion to purchase 300 million rapid tests for distribution to to community health centers, food banks, and schools.
 3. Expansion of masking enforcement measures doubling

the TSA fines for travelers who refuse to mask.

- Expansion of COVID-19 Economic Injury Disaster Loan programs, increasing allowed small businesses loan amounts from the current \$500,000 to \$2 million.
- Doubling the number of Department of Defense military health teams to deploy to hospitals to help respond to COVID-19 surges.

'Crisis Standard of Care' Activated in Response to Overwhelmed Hospitals

On Tuesday, September 7th, The Idaho Department of Health and Welfare announced that it had activated a 'crisis standard of care' policy in two public health district including Boundary, Bonner, Kootenai, Benewah, and Shoshone counties in the Panhandle District 1, and Latah, Nez Perce, Lewis, Clearwater, and Idaho counties in the North Central District 2. This means that hospitals are so overwhelmed by COVID patients in northern Idaho that they are rationing care to patients. Boise Public Radio published two stories on Wednesday that explain the situation in more detail:

["Do Not Get Sick:" Idaho Doctors Explain What Crisis Standards Of Care Means For The State | Boise State Public Radio](#)

[What The Move To Crisis Standards Of Care Means For Idaho Residents | Boise State Public Radio](#)

Utah may be next with COVID cases spiking over the last two weeks and many ICU units reaching 100% capacity. For more detail: [What to do about Utah's overwhelmed hospitals? Utah leaders seek ideas - Deseret News](#).

Oregon and Washington are also struggling this week with hospital capacity due to COVID-19. For more detail: [OHSU forecasting predicts state could be hitting peak of COVID-19 hospitalizations \(msn.com\)](#)

[As Hospital Capacity Strains, WA DOH Prepares For The Worst \(msn.com\)](#)

Our Care Management and Customer Care teams are taking high call volumes about elective surgeries being postponed. We are working with your people to help them understand the situation and explore their options.

How can you help your people? Encourage them to wear a seat belt and to avoid other risky behaviors that could land them in the E.R. and consider incenting them to get vaccinated.

Across our region, according to each state's health department, the full vaccination rate for people age 12 and over in [Washington](#) is 67%, [Utah](#) is 61.7%, and [Idaho](#) is 49.4%. In [Oregon](#), the vaccination rate for age 18 and over is 67.2%.

Exploring Surcharges for Employees Not Vaccinated Against COVID-19

As the number of COVID-19 infections and hospitalizations rise, employers are concerned about the safety of their workforce, as well as the costs of treatment that could be avoided through vaccination. President Biden's newest vaccine

mandates will help but will take time to rollout. Many employers are looking for ways now to incentivize their most hesitant employees to get vaccinated. Incentives can take many forms, including paid time off, extra pay, or a premium surcharges for participants on the employer's health plan. Although there are several federal statutes which should be considered, employers struggling to increase COVID-19 vaccination rates among their workforce can implement a premium surcharge for non-vaccinated employees as part of an outcome-based wellness program.

There is no current guidance addressing vaccine wellness programs to date, so it is important to review the [HIPAA and PPACA regulations on wellness programs](#) when considering a vaccine surcharge for your health plan. A vaccine wellness requirement could be considered an "activity based wellness program," which allows a surcharge "incentive" of no more than 30% of the of the total cost of an employee's health insurance premiums.

Incentives in the form of premium discounts may also be offered to vaccinated employees as part of an eligible activity based wellness program. Employers should note that all wellness incentives are cumulative, which means that adding a vaccination wellness incentive could cause your plan to exceed the maximum allowed incentive amount if penalties or rewards are offered with other wellness programs, such as tobacco cessation. In this instance, the plan would be required to reduce or modify other incentives so that no more than 30% of the employee's total cost is affected.

Before implementing a vaccination wellness program, employers should consider other restrictions, such as collective bargaining agreements, and labor and employment laws. Specific compliance questions about implementing a vaccination wellness program should be directed to the plan's legal advisors.

From Delta to Mu

The Delta variant is raging and driving the latest tidal wave of COVID-19 cases. It accounted for 99.1% of all COVID-19 cases in the US for the week ending September 4th according to the CDC's [variant tracker](#). The CDC began publishing variant tracker data in June 2021. For the week ending June 5th, 2021, the Delta variant accounted for only 14.1% of all COVID-19 cases and it had reached 49 states.

While the Mu variant that we hear so much about has reached 49 states, it currently represents only 0.1% of all U.S. cases. However, on August 30th, the World Health Organization (WHO) listed the Mu variant as a "variant of interest" based on its ability to 'evade antibodies' as witnessed by its spread in South America. Read more about Dr. Fauci's comments on the Mu variant in this Sept 2nd [New York Times article](#).

Booster Vaccines Approved...and Coming Soon

On August 18th the U.S. Department of Health and Human Services (HHS) [announced](#), "We have developed a plan to begin offering these booster shots this fall subject to FDA conducting an independent evaluation and determination of the safety and effectiveness of a third dose of the Pfizer and Moderna mRNA vaccines and CDC's Advisory Committee on Immunization Practices (ACIP) issuing booster dose recommendations based on a thorough

review of the evidence. We are prepared to offer booster shots for all Americans beginning the week of September 20 and starting 8 months after an individual's second dose."

On September 17th the FDA will meet to discuss Pfizer-BioNTech's supplemental Biologics License Application for administration of a third ("booster") dose of Comirnaty (COVID-19 Vaccine, mRNA) in individuals 16 years of age and older. This follows the FDA's August 12th authorization of an additional vaccine dose for immunocompromised people.

We will continue to closely monitor the FDA's vaccine approvals and the CDC's recommendations for COVID-19 vaccine boosters and treatments.

Ivermectin is Not FDA Authorized for COVID-19 Prevention or Treatment

On September 3rd, the FDA published a new webpage titled, [Why You Should Not Use Ivermectin to Treat or Prevent COVID-19](#). If you hear your people talking about this drug, please share this FDA webpage with them. Spoiler alert, there's a reason it features a picture of a horse and a veterinarian.

- The FDA has not authorized or approved Ivermectin for use in preventing or treating COVID-19 in humans or animals. Ivermectin is approved for human use to treat infections caused by some parasitic worms and head lice and skin conditions like rosacea.
- Currently available data do not show ivermectin is effective against COVID-19. [Clinical trials](#) assessing ivermectin tablets for the prevention or treatment of COVID-19 in people are ongoing.
- Taking large doses of ivermectin is dangerous.
- If your health care provider writes you an ivermectin prescription, fill it through a legitimate source such as a pharmacy, and take it *exactly* as prescribed.
- Never use medications intended for animals on yourself or other people. Animal ivermectin products are very different from those approved for humans. Use of animal ivermectin for the prevention or treatment of COVID-19 in humans is dangerous.

Regular COVID Reporting Continues

All clients currently receive regular reporting on their plan's COVID-related claims and payments. Please connect with your Account Manager to receive your latest report.

Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely.

Updated COVID-19 Member Information and Resources on Our Website

We update our COVID-19 information and resource pages for members regularly. Many members call us with questions that are of a more clinical nature. We recommend that members consult their primary care physician for clinical questions. For non-clinical questions, please share this [page](#) with members where they will find links to additional resources on self-care,

vaccines, and other useful information.

We're Here for You

Thank you for reading our newsletter and thank you for your continued trust in our organization.

Please reach out to your Account Manager if you have any questions or if there is anything we can do to help. We would also love to hear your feedback on future content and story ideas for this newsletter. Drop us your ideas and feedback at TPAMarketing@accesstpa.com.

Regence Group Administrators

RGA is the strategic partner you can trust to collaborate with you to build and deliver health plans that protect your plan dollars, now and in the future. We invest in your success because we share the same goals— healthier outcomes for your employees at the best possible value. When you work with RGA, you get more than an ally with over 30 years of industry expertise; you get a team of proactive, highly-skilled professionals who deliver on our promises daily.