THE JEFFERSON HEALTH PLAN UPDATE

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WELCOME!

As another way to reach out to current Jefferson Health Plan groups and communicate on issues that directly impact our members, we will be providing updates on what is happening in the consortium.

If you have items that you would like to see in these updates, feel free to let us know!

Email:
jhpemployer@thejeffersonhealthplan.org

JHP Spring Informational Session

Wednesday, April 21, 2021

The Jefferson Health Plan will be hosting a Spring Virtual Informational Session. As with our in-person meetings, we will be sharing consortium updates including fiscal, legal, and administrative matters. Please find the event registration link below.

http://bit.ly/JHP2021Spring

The Zoom meeting information will be sent to registrants the week prior to the event. We hope you will be able to join!

Jefferson
HEALTH PLAN

You've Got Mail...

You've Got Mail is a new addition to the quarterly news-letter to remind you of important communications sent by the JHP Account Managers during the quarter.

* RxBenefits Groups—COVID Vaccine Information
* JHP Online Education Announcement
* HealthReach 1st Quarter Employee Care Gap Lettering Campaign Information and Sample

COVID-19 Vaccine Plan Coverage

With the United States Food and Drug Administration's emergency use authorization of two COVID-19 vaccines manufactured by Pfizer-BioNTech and Moderna and the agency's expected consideration of other COVID-19 vaccinations, the Jefferson Health Plan anticipates that, once available, covered persons are likely to begin inquiring about vaccine coverage under member health plans. In March 2020, the federal government enacted the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in response to the COVID-19 pandemic. The CARES Act requires group health plans to cover, with no cost-sharing obligations to a covered person, an "item, service, or immunization that is intended to prevent or mitigate coronavirus disease 2019." *See* H.R. 748 §3203. For members that offer high-deductible health plans (HDHP), which can only cover specified preventive care until an individual (or family) satisfies the high deductible set by the plan, the Internal Revenue Service issued guidance in I.R.S. Notice 2020-15 advising that the costs of federally approved COVID-19 vaccinations qualify as "preventive care" and can be paid for by the HDHP without cost-sharing to the employee. Please be advised that, if your third-party administrator (TPA) inquires with the Jefferson Health Plan regarding COVID-19 vaccination coverage under your group health plan, the Jefferson Health Plan will direct the TPA that coverage under the plan for COVID-19 vaccinations should be implemented consistent with the CARES Act requirements. If member groups have any questions, contact your dedicated Account Manager at: jhpmember@thejeffersonheathplan.org.

SERB Survey Assistance

The School Employee Relations Board (SERB) Survey is once again due for submission by March 5, 2021. If you require assistance completing your Survey, please forward your SERB e-mail to jhpemployer@thejeffersonhealthplan.org or notify your Account Manager by February 5.

W-2 Reporting of Health Coverage

The Affordable Care Act requires employers to report the cost of coverage under an employer-sponsored group health plan on an employee's Form W-2, Wage and Tax Statement, in Box 12, using Code DD. The reporting requirement currently applies only to employers who filed 250 or more eligible employee W-2 Forms in the preceding year. Employers are required to provide the information by February 1, 2021. The reporting requirement remains optional for employers issuing fewer than 250 W2 forms. Additional information is at the IRS website at: https://www.irs.gov/affordable-care-act/form-w-2-reporting-of-employer-sponsored-health-coverage (IRS page last reviewed or updated June 5, 2020).

CMS Disclosure for 1/1 Renewal

As you may recall, the Centers for Medicare and Medicaid Services require all employers who offer prescription drug plans to give plan participants annual notice that their current prescription drug coverage is as creditable as the coverage offered to qualified retirees through Medicare Part D plans. The notice for your plan was provided to you for distribution to your participants this past October. In addition to the distribution of notices to participants, employers are also required to electronically file a confirmation with CMS verifying some general plan information and that the notices were sent to participants on or before October 15. For CMS creditable coverage reporting purposes, "plan year" means annual renewal period. Disclosure to CMS must be made within 60 days after the beginning of the "plan year" (annual renewal period). Therefore, 1/1/2021 renewals must file online on or before March 2nd, 2021. The website is as follows: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html The CMS Guidance and Screen Prints for the electronic filing can be found to the left of the fields of entry. When reviewing the screen print examples, please note that some sections of the Disclosure Form may not apply to your plan. Only fields relevant to your plan

may appear on your screen. Also note that Total Number of Medicare Part D Eligible Individuals covered as of Plan Year Beginning Date can be acquired from your TPA.

Notice of Privacy Practices

The HIPAA Privacy Rule requires a health plan to remind enrollees of the availability of its Notice of Privacy Practices, as well as how to obtain a copy, no less frequently than once every 3 years. *See* 45 CFR 164.520(c)(1)(ii). Health plans may satisfy this requirement in a number of ways, including by:

- Sending a copy of their Notice of Privacy Practices.
- Mailing only a reminder concerning the availability of the Notice of Privacy Practices and information on how to obtain a copy.
- Including in a plan-produced newsletter or other publication information about the availability of the Notice of Privacy Practices and how to obtain a copy.

The Jefferson Health Plan created a Model Notice of Privacy Practices for member groups, which will be distributed to member groups in the coming months.

CONTACT US

The Jefferson Health Plan

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www.thejeffersonhealthplan.org

Employer-Sponsored Health and Welfare Plan Provisions in the 2021 Appropriations And COVID-19 Stimulus Package

The Consolidated Appropriations Act, 2021 (Act), which was signed into law December 27, 2020, includes a variety of provisions affecting employer-sponsored benefit plans:

- **Health and Dependent FSA Relief**: The Act provides relief for health and dependent care flexible spending accounts (FSAs). Employers would be allowed, but not required, to permit the following:
    - Health or dependent care FSAs can allow unused amounts from a plan year ending in 2020 to be carried over to 2021, and unused amounts from a plan year ending in 2021 to be carried over to 2022.
    - Grace period for plan year ending in 2020 or 2021 may be extended to 12 months after the end of the plan year.
    - For plan years ending in 2021, plans may allow employees to make a prospective election change to modify their FSA contributions without a change in status.
    - Health FSAs may allow employees who ceased participation during the 2020 or 2021 calendar year to continue to receive reimbursements from unused benefits or contributions through the end of plan year in which participation ceased (including any grace period).
    - Dependent care FSAs may extend the maximum age from 12 to 13 for eligible dependents who aged out of eligibility during the last plan year with a regular enrollment period ending on or before Jan. 31, 2020, and may allow employees with unused balances for that plan year to apply this rule to claims for reimbursement of the unused balance in the following plan year.
    - Plan amendments must be made by the end of the first calendar year beginning after the end of the plan year in which the amendment is effective, provided the plan must be operated consistent with the terms of the amendment beginning on its effective date.

- **Mental Health Parity Expansion**: The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the Affordable Care Act, generally prevents group health plans that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. The Act further enhances federal mental health parity protections, with an emphasis on compliance regarding non-quantitative treatment limits (NQTLs) on MH/SUD benefits. The Act requires that health plans that impose a NQTL on MH/SUD benefits (such as a restriction based on facility type) must perform and document a comparative analysis of the NQTL's design

and application. Beginning 45 days after the Act's enactment, the comparative analysis and other specific information (such as applicable plan provisions and evidentiary standards relied upon to design and apply the NQTL) must be made available to the applicable state or federal agency upon request. The Act also requires that the federal agencies must request an analysis from at least 20 group health plans from entities that have potentially violated federal mental health parity laws per year. If, after reviewing the comparative analysis, a federal agency determines that the NQTL does not comply with applicable parity requirements, the plan must specify the corrective actions it will take. If, following those actions, the agency determines that the plan remains out of compliance, then the agency must notify enrolled individuals of the noncompliance. Among other things, the federal agencies are also required to provide certain guidance and regulations, including a process and timeline for filing mental health parity complaints.

- **Protections from Surprise Medical Bills**: The No Surprises Act, adopted as part of the Act, includes extensive provisions intended to protect consumers from surprise medical bills for services provided by nonparticipating providers or facilities. Under the Act, plan participants are only required to pay the in-network benefit cost-sharing amount for out-of-network benefits for emergency care services (including air ambulances service), for certain ancillary services provided by out-of-network providers at in-network facilities, and for out-of-network care provided at in-network facilities without the participant's informed consent. The Act also requires that any out-of-network expenses for the services covered under the Act accumulate towards a plan participant's in-network deductible and out-of-pocket maximum. Payment to providers would be based on a payment methodology using a median amount based on in-network rates, including for those services that are not billed on a fee-for-service basis. The Act also establishes an independent dispute resolution (IDR) process to resolve payment disputes between plans and out-of-network providers. There will be a 30-day open negotiation period for providers and plans to settle out-of-network claims. If the parties are unable to reach a negotiated agreement, they may access a binding arbitration IDR process in which one offer prevails. The IDR process will be administered by independent, unbiased entities with no affiliation to providers or plans. The Act also identifies factors that IDR entities should consider in making payment determinations. These provisions generally apply to plan years beginning on or after January 1, 2022.
- **Transparency Provisions**: The Act also contains a number of additional disclosure requirements aimed at providing plan participants with transparency as to benefit design and provider networks. Particularly, for plan years that begin on or after January 1, 2022, the Act requires plans to:
    - include on the ID card issued to enrollees, the amount of the in-network and out-of-network deductibles and the in-network and out-of-network out-of-pocket maximum limitations.
    - provide an "Advanced Explanation of Benefits" for scheduled services at least three days in advance to give participants good faith estimates of the costs of services the participant is likely to receive, the network status of the providers and associated disclaimers.
    - publish up-to-date directories of the plan's in-network providers, available to participants online, or within one business day of an inquiry. If a participant provides documentation that they received incorrect information from a plan or issuer about a provider's network status prior to a visit, the participant will only be responsible for the in-network cost-sharing amount.
    - offer a price comparison guidance via telephone and an online cost comparison tool.
- **Deductible Medical Expenses**: The Act makes the 7.5% threshold for deductible medical expenses of adjusted gross income permanent, decreased from the historic 10%.

Service Contact Guide

The Jefferson Health Plan has updated its contact information to better serve members. If members have any concerns, comments, or suggestions, please email or call based on the service contact guide below:

TOPIC	EMAIL ADDRESS	PHONE
Billing	billing@thejeffersonhealthplan.org	740.792.4010 ext.250
Investment (US Bank/ Audit)	invest@thejeffersonhealthplan.org	740.792.4010 ext.251
Legal and Compliance	legal@thejeffersonhealthplan.org	740.792.4010 ext.252
Ohio Valley Pool	ovp@thejeffersonhealthplan.org	740.792.4010 ext.253
Quotes	quotes@thejeffersonhealthplan.org	740.792.4010 ext.254
Employee w/Questions (Wellness & EAP)	jhpmember@thejeffersonhealthplan.org	740.792.4010 ext.255
Employer w/Questions	jhpemployer@thejeffersonhealthplan.org	740.792.4010 ext.256
Renewals/Election Sheets	renewals@thejeffersonhealthplan.org	740.792.4010 ext.254
Moratoria Requests	moratoria@thejeffersonhealthplan.org	740.792.4010 ext.251
Broker w/Questions	broker@thejeffersonhealthplan.org	740.792.4010 ext.257

Upcoming EAP Webinars

Beacon will offer monthly webinars for 2021. The webinars offer timely, relevant, and reliable information for everyday living, and provide participants the opportunity to submit questions and receive an individualized response via email. Here is how the webinars work:

- Employees can access the 30-minute webinars through a link on the home page of your Achieve Solutions website at www.achievesolutions.net/jhp.
- Once logged in, every user can view the webinar and submit questions. All questions will be triaged to the appropriate person for a quick and timely individualized response. Clinical questions will be directed to a Beacon Care Manager.
- After one month, the webinar link will be removed from the Achieve Solutions home page, and a new one will take its place. The former webinar will be archived on the Achieve Solutions website.

Below are the monthly webinars for 2021:

- January 19, 2021: Reframing Your World
- February 16, 2021: Setting Goals for Your Future
- March 16, 2021: Planning for Success
- April 20, 2021: The Steps to Financial Security
- May 18, 2021: Addressing Anxiety in an Uncertain World
- June 15, 2021: Building Healthy and Happy Relationships
- July 20, 2021: Maximizing Your Summer Break
- August 17, 2021: Raising Confident Children
- September 21, 2021: Switch on to Being More Present
- October 19, 2021: Embracing Diversity and Differences
- November 16, 2021: Caring for Our Elders
- December 21, 2021: Paying it Forward

DID YOU KNOW???

- JHP offers an Infrastructure Loan Program for qualifying members. Contact Account Management for more information
- Over the last 3 years, JHP has helped members save over $132,590,000 in taxes and fees including:
  - a tax savings of $21,460,000
  - an administrative savings of $103,590,000
  - a Rx Rebates saving of $8,100,000

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