

Heard on the Net

April 2023



Compiled by Bill Robinson

Past CAHIP V-P of Legislation (2008 - 2012)

Palm Springs, CA

Note: All headlines contain embedded URL links to the full article - just Click on each headline....OR.... Download the attached PDF file for this document.

Health Premiums & Consumers' Medical Costs May Be About to Soar, Even as Inflation Falls - "Prices for hospital services, the single biggest component of medical care, accelerated in December and even faster in January, to an annual rate of 5.5% ... Hospitals are pressing for higher payments as their long-term contracts with medical insurers come up for renewal. And greater market concentration caused by chains buying out smaller hospitals is helping to push medical inflation upward, as is the historically opaque nature of healthcare pricing."

Medicare, Social Security Could Fall Short Over Next Decade - On its current track, Medicare would be able to cover only 89% of costs for patients' hospital visits, nursing home stays and home health care starting in 2031. The date was pushed back, in part, because health care spending has not rebounded in the way trustees expected as the COVID-19 pandemic has faded. Trustees said part of that could be that the country's most vulnerable and sickest were among the roughly 1.1 million Americans who died from the virus. Also, knee and hip replacements have largely shifted from inpatient procedures to less costly outpatient visits.

HHS Finalizes 2024 Medicare Advantage and Part D Final Rule - "This **final rule** will strengthen Medicare Advantage and hold health insurance companies to higher standards ... by [1] cracking down on misleading marketing schemes by Medicare Advantage plans, Part D plans and their downstream entities; [2] removing barriers to care created by complex coverage criteria and utilization management; and [3] expanding access to behavioral health care. The new rule will also ... implement a key provision of the Inflation Reduction Act ... that will improve access to affordable prescription drug coverage."

Biden Administration Appeals Texas Court Decision Striking Down Free Obamacare Coverage Of Preventive Care - The Biden administration on Friday appealed a Texas federal judge's decision to strike down free Obamacare coverage of preventive health-care services ranging from screenings for certain cancers and diabetes to HIV prevention drugs. ... "Preventive care is an essential part of health care: it saves lives, saves families money, and improves our nation's health," said Kamara Jones, a Health and Human Services spokesperson, on Thursday evening after the judge's ruling. "Actions that strip away this decade-old protection are backwards and wrong." The case will now go to U.S. Fifth Circuit Court of Appeals. A majority of the judges on that court were appointed by Republican presidents.

Texas Judge Pares Back ACA Preventive Services Coverage Requirement -- "The practical effect of this Texas decision remains to be seen.... Generous first-dollar benefits for preventive services already were common before the ACA, and employer commitment to workforce health and wellness has only grown in recent years. It's also difficult to 'take back' a popular benefit like free preventive services."

DOJ Appeals Decision to Strike Down Free Preventive Health Services Under Obamacare - "The Justice Department has appealed a federal judge's decision to invalidate the ACA requirement for free coverage of specified preventive health services.... The move kicks off a legal process that could wind up at the Supreme Court and has financial implications for some 150 million Americans on employer-sponsored health plans

The End of the COVID-19 Emergency: Are You Ready? - "The end of the Emergency, effective on May 11, 2023, means that the various changes to deadlines and enrollment periods that were put in place to accommodate employers and employees affected by COVID-19 will ceaseAffected ERISA plans can return to their pre-Emergency operation 60 days after the end of the Emergency, which will be July 10, 2023."

How Much Will I Really Need for Health Care in Retirement? - "The average couple who retires today at age 65 with traditional Medicare coverage can expect to spend roughly \$315,000 (after tax) during retirement on copays, deductibles, insurance premiums, and other expenses not covered by insurance. That does not include costs associated with long-term care (LTC), the median annual cost of which was \$108,000 per year in 2021 for a private room at a nursing home facility."

Provider Directories Remain Inconsistent, Despite No Surprises Act Provisions - "Researchers ... used artificial intelligence to analyze health plan provider directories for over 40% of U.S. physicians, and found inconsistencies for 81% of doctors across five major insurers ... Most of the inconsistencies were among addresses among physicians listed as practicing in multiple locations."

New Guidance for No Surprises Act Arbitration Looks Like an Improvement for Providers - "Certified IDR entities (i.e., arbitrators) received **guidance** ... instructing them to more directly consider multiple factors when deciding on an out-of-network payment amount.... Relative to past guidance, most recently a final rule that took effect in October 2022, the instructions give less weight to the qualifying payment amount (QPA) as a factor in arbitration cases."

IRS Provides Guidance on the Definition of 'Medical Expenses' - "The IRS has issued a series of **Frequently Asked Questions** (FAQs) to provide guidance as to whether certain costs related to nutrition, wellness, and general health are medical expenses that may be paid or reimbursed on a tax-exempt basis under a group health plan, health savings account (HSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA)."

Southern California Has A Paramedic Shortage. What's Being Done About It? - An ambulance's flashing lights are a welcome sight in a medical emergency. But a different light — a warning one — has been flashing in Southern California, which like the rest of the nation is struggling with a shortage of paramedics and emergency medical technicians that's had a ripple effect on public safety and patient care.

Upcoming Key Compliance Deadlines and Reminders for Second Quarter 2023 - "With the end of the COVID-19 'outbreak period' in sight, employers will revert back to pre-pandemic deadlines and timeframes applicable to special enrollment rights, COBRA elections, COBRA premium payments, and claims processing. In addition to the usual second quarter compliance deadlines, a new requirement is added to report prescription and medical plan costs to CMS, which will be an annual task going forward."

Preparing for the End of the COVID-19 Emergency: Tri-Agencies Issue FAQs to Assist Plans and Issuers - "Plan sponsors should pay particular attention to notifying employees of the upcoming changes that will accompany the end of the PHE and NE and to ensure that participants covered under an HDHP understand that they may continue to contribute to their HSAs."

The Medicare Form CMS-L564 for Employers - "Age 65+ employees will often remain enrolled in the employer-sponsored group health plan and delay Medicare enrollment until retirement. Upon retirement and loss of active coverage, retirees will typically have the employer complete a portion of the Form CMS-L564 to verify key information as part of their Medicare special enrollment period process."

Most Employers Will Be Required to File ACA Returns Electronically Beginning in 2024 - "Under the final rules, employers filing 10 or more returns must file Forms 1094 and 1095 electronically. The 10-form threshold is determined based on the total number of forms the employer must file with the IRS, including the Forms 1094 and 1095, as well as other information returns, such as Forms W-2 and Forms 1099, income tax returns, excise tax returns, and employment tax returns, including those that are not required to be e-filed, such as forms 940 and 941."

How Employers Can Help Employees with Surprise Medical Bills - "A strong employee advocacy program can help plan participants navigate a high medical bill and work to ensure that a participant only pays what they should. These specialized benefits advocates can also help participants review their insurance plan before a procedure to determine what the plan will pay. Figuring out who is and who isn't in network ahead of time is critical to keeping the cost down."