REGULATED TIMES

EXPRESS SCRIPTS®

2022 | ISSUE 2

Welcome to the second Regulated Times issue of 2022, our bi-monthly newsletter on federal guidance governing regulated markets plans. Every other month, this newsletter will provide an overview of recent happenings in this space, highlighting items important to a variety of plan types.

Use the legend below to easily determine application to your specific line of business.

Medicare	Medicaid	Exchanges	EGWP
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Medicare ☆ Medicaid □ Exchanges ○ EGWP △

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CMS Releases 2023 MA and Part D Advance Notice

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On February 2, The Centers for Medicare & Medicaid Services (CMS) released the 2023 Medicare Advantage (MA) and Part D Advance Notice, which previews preliminary estimates of payment changes in county benchmarks and proposes other policies for MA and Part D plans for the 2023 plan year. CMS estimates MA benchmarks will increase by 4.75% and estimates the net payment impact for plans in 2023, on average, will be an increase of 4.48% compared to 2022. This estimate incorporates CMS' anticipated impact of policy changes in the risk adjustment model and the Star Ratings systems but does not incorporate the impact of risk score trends or quality bonus payments. These estimates are subject to change in the Final Rate Announcement, which is expected by April 4.

State of the Union Covers Numerous Health Care Topics

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In the State of the Union address on March 1, President Biden spoke to a number of his Administration's health care policy goals related to the COVID-19 response, drug pricing, improving nursing homes, cancer innovations, veterans' health and mental health treatment. As part of these goals, the President encouraged Congress to revitalize and pass his prior economic and health care proposal, the Build Back Better Act (BBBA), which included reforms to allow Medicare to negotiate drug prices, restructure the Medicare Part D program and extend the enhanced ACA subsidies. While passage of the BBBA is unlikely, the address is expected to ignite additional momentum in Congress to package together proposals from the BBBA that garnered significant support, like extending the existing ACA enhanced subsidies.

Administration Unveils Updated COVID-19 Preparedness Plan, Includes "One-Stop" Test and Treat Locations

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In early March, The Biden Administration unveiled an updated National COVID-19 Preparedness Plan, which reiterates existing tactics to stop the pandemic to date and outlines the Administration's next steps, including the launch of a nationwide "Test to Treat Initiative." The initiative is intended to support "one-stop" locations for Americans to get a free COVID-19 test and, if needed, free treatment pills. The Administration plans to establish these locations at pharmacy-based clinics, community health centers, long-term care facilities and U.S. Department of Veterans Affairs facilities across the country. The locations are expected to be operational in late March.

Administration Announces National Mental Health Strategy

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Ahead of the State of the Union, the Biden Administration announced a refreshed strategy to address the "national mental health crisis". The strategy, which recommends legislative and regulatory reforms, focuses on strengthening provider capacity, improving access to care, and creating a continuum of support and a healthy environment for children and young people. Notable proposals include requiring health plans to expand behavioral health care coverage, including covering three visits per year without cost-sharing, promoting telehealth services and encouraging stricter social media regulations to protect privacy and limit exposure to harmful or discriminatory content. The Administration is expected to advance several proposals to Congress, which may consider the reforms as part of a bipartisan effort to expand access to mental health care.

CMS Issues New Guidance to States to Assist with Eventual End of COVID-19 PHE

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CMS issued new guidance to support states as they plan for the conclusion of the COVID-19 Public Health Emergency (PHE) and outlines efforts to reinstate Medicaid eligibility determinations. The guidance indicates that the Department of Health and Human Services (HHS) will provide at least 60 days' notice before any planned expiration or termination of the PHE.

During the PHE, enrollment in Medicaid and the Children's Health Insurance Program (CHIP) has grown by over 14 million people, reaching nearly 85 million people by September 2021. When the PHE ends, most Medicaid/CHIP beneficiaries will have to go through an eligibility renewal process for the first time in months or years, and the new guidance seeks to ensure states are well prepared to initiate eligibility renewals.

CMS is also providing states with an Eligibility and Enrollment Planning tool, a PHE Unwinding toolkit, and a slide deck on the role of Managed Care Organizations (MCOs) to support states in planning for Medicaid eligibility redeterminations. CMS notes that MCOs are "critical partners" in this work and is encouraging states to utilize health plans to conduct outreach and engage with beneficiaries in the renewal process.

Our Enterprise Files Two Medicare Comment Letters

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We recently filed comment letters on the 2023 Medicare Advantage (MA) and Part D Advance Notice and the 2023 MA and Part D Policy and Technical Changes proposed rule. Both the Advance Notice and the proposed rule include important payment updates and policies for MA and Part D plans for calendar year 2023.

In comments on the 2023 Advance Notice, we requested additional transparency in the Centers for Medicare & Medicaid Services' (CMS') payment methodologies in both the county benchmark formula as well as the normalization factor. We also offered targeted feedback on the various future Stars measures concepts being considered by CMS, including one on a Health Equity Index measure and one on a value-based care measure. We also recommended CMS again adopt the "Extreme and Uncontrollable Circumstances" relief policy for 2023 Star Ratings given the ongoing COVID-19 PHE.

In comments on the 2023 proposed rule, we opposed CMS' proposal to require pharmacy price concessions to be incorporated into the negotiated price of a drug and passed through at the point-of-sale, citing concerns that it would increase seniors' premiums without providing meaningful relief at the pharmacy counter.

We also provided feedback on proposals related to the maximum out-of-pocket (MOOP) limit calculation in MA, new network adequacy requirements, new marketing oversight rules related to third-party marketing organizations and numerous proposals governing dual-eligible special needs plans (D-SNPs).

CMS is expected to publish the final 2023 Rate Notice in early April and the 2023 final rule sometime before mid-May.

Medicare ☆ Medicaid □ Exchanges ○ EGWP △

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CMS to Revise Surprise Billing Guidance After Recent Texas Court Ruling

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On February 28, CMS released a public memorandum addressing implications of the U.S. District Court for the Eastern District of Texas' decision on surprise medical billing rules in Texas Medical Association v. HHS. CMS will withdraw guidance documents that refer to provisions of the interim final rule (IFR) vacated by the court and replace them with new guidance documents, provide new training for Certified Independent Dispute Resolution (IDR) Entities and disputing parties on the updated guidance and then open the IDR Portal for disputes.

In the court decision, the judge struck down the IFR's assumption that the qualifying payment amount (QPA), or median in-network rate, is the appropriate amount unless proven otherwise during the IDR process, along with four related provisions. The judge ordered those provisions of the IFR to be vacated and sent back to the Departments for further review.

The decision to vacate these provisions presumably applies nationwide. HHS has yet to announce whether they will seek to stay the district court's decision and/or appeal the decision to the Fifth Circuit. Federal officials have indicated they will issue a final IDR rule by May 2022, which will likely affect the timeline of current litigation and perhaps trigger future lawsuits. Notwithstanding the court's decision, the No Surprises Act itself and all other provisions of the IFR remain in effect.

WATCH ITEMS

Final 2023 MA and Part D Policy and Technical Rule

expected to be published before mid-May

Final 2023 MA and Part D Rate Announcement

by early April

COVID-19 at-home test coverage for Medicare members

Biden Harris administration cited coverage for Medicare to begin in early Spring - pending further updates.

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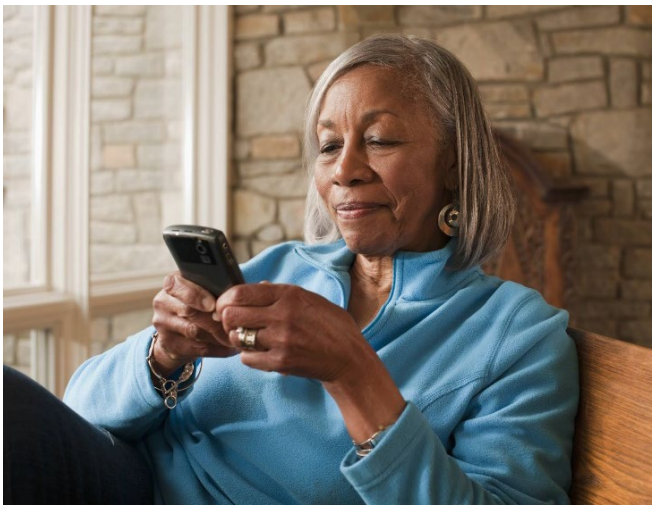
Best Practices for Online Engagement of the Medicare Advantage Population



More and more seniors are aging in to Medicare every day, and competition is fierce among health plans to attract and retain members in their Medicare Advantage products. Health plans are turning to social media as a minimal cost option to reach millions of potential members and to engage and retain their existing members. As a health plan, you must be intentional in this space.

Why Turn to Social Media?

Seniors are more tech-savvy and active than their predecessors and this trend will continue as tomorrow's retirees age into Medicare. Having a strong social media presence can be more budget friendly compared to traditional marketing and is often an untapped opportunity to reach seniors. Whether you are looking to attract and sell your Medicare Advantage products or engage with existing members, don't overlook this tool.

Market on Multiple Channels

If you do not already have a solid social media presence, Facebook should be your primary focus. According to The Pew Research Center, 62% of internet users ages 65 and older use Facebook. That said, do not limit your marketing to one platform; a broad channel approach is best to reach as many people as you can. Though the mix is different, older populations use different channels alongside the younger demographics. The bottom line, seniors and their caregivers are using social media more than ever before, and the numbers will only increase.

Match Your Content to Your Goals

It is important to tailor your message to focus on those things that are important to success of your health plan and the health of your members. Create content to attract members during open enrollment periods and include content that will keep them coming back. Offer tools, resources and a sense of community in your content, make them feel at home and cared for. Remember that some content does not need to be created, it can be shared or reposted. For example, Express Scripts creates content you can repost to help your members with their prescription-related needs and education. If you have clinical programs or Express Scripts services you would like to highlight to your members, this is a great avenue to create awareness.

Implement Best Practices

Having a strong social media presence is not without a commitment. Some best practices to keep in mind: actively manage negative comments, create welcome videos, organize Medicare meet-ups, enlist "senior" social media influencers, produce regular live events and include pictures and content geared toward seniors. Use your social media platforms to educate members on medication adherence, exercise programs, healthy cooking and content to address loneliness and isolation. Help your members feel understood, engaged and important to the health plan.

Putting it all Together

With Amazon and Google paving the way, seniors are more comfortable than ever searching for information and buying online. Top performing health plans have a robust social media presence. Express Scripts can support you in evaluating your social media strategies, content and competition. We can help you build upon your strategic Medicare Advantage goals and support superior performance in this competitive market.

https://www.businessnewsdaily.com/10146-target-older-demographics-social-media.html
https://agentcubed.com/news/successfully-marketing-to-seniors-65-and-over/