

Administrator

Important news and updates from your benefits professionals

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Trends In Today's World

Fill 'er Up with Urgent Care

Believing that gas stations and urgent care clinics must offer convenience to succeed, Oklahoma based gas station and convenience store chain QuikTrip has ventured into urgent care by opening 12 clinics in the Tulsa area. They won't share buildings or a name, however, concerned that people might think the person providing medical care may have just left the gas pump.

Looking for Longevity

A growing number of adults are paying thousands of dollars per year to longevity clinics in pursuit of a longer and healthier life. Popping up across the country, these clinics provide biological-age testing, cancer screenings and other treatments, many of which are not based on significant scientific evidence. Traditional physicians pushing for medical standards continue to question the safety of certain non-FDA approved treatments.

Global Recruiting

According to the Association of American Medical Colleges, the U.S. lost more than 100,000 nurses during the height of the pandemic. Beyond our borders,

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Elevating the Member Experience

In a time when rising prices seem to command so much attention, it's easy to assume that out-of-pocket costs are all plan members care about. While cost has always been a challenge for employers and employees, surveys show that today's health plan members are concerned about more than affordability.

As healthcare delivery changes, so do the needs and expectations of members. And while customer service still includes the way people are treated on the phone, it now includes their digital experience. Comfort level during a telehealth visit and the ease of using a mobile app to find a provider are just two examples. Whether in-person or virtual, our role as a Third Party Administrator is to help members navigate the healthcare system with as much ease, convenience and confidence as possible. To this end, we strive to provide...

Personalized service – Regardless of how a member accesses their health benefits, they expect prompt, personalized attention. With experienced customer service specialists and technology including a 24/7 secure online member portal, mobile app and cost transparency tools, we're always available to help.

Care for chronic illness – When a member is faced with an on-going medical condition, access to information and care coordination are vital. Our technology can help members find a healthcare provider, review the status of a claim, monitor prescribed medications and more.

Care coordination – When a serious diagnosis arises, we act promptly to help organize patient care, control costs and share information among all parties



involved. By being proactive, plan members are better able to access quality, appropriate healthcare at the right time and at the right place.

Financial protection – Because affording quality healthcare can cause significant financial strain for families, we offer dynamic price transparency tools designed to educate and help members know the cost of a healthcare visit or procedure prior to the time of service.

Ease and understanding – Healthcare benefits can be confusing for anyone, regardless of age or position. With a highly experienced benefits administration team, we give plan members and dependents the help they need and more importantly, information they can understand.

While we will always strive to enhance the member experience, we remain committed to helping employers invest in the health and well-being of their employees and their organizations.



Gag Clause Fast Approaching



Whether your health plan is self-funded or fully insured, the Consolidated Appropriations Act of 2021 (CAA) requires that TPAs and insurance carriers no longer restrict access to certain plan data by claiming that the data is proprietary in nature. By December 31, 2023, all plans will need to comply with the CAA gag clause prohibition and submit a compliance attestation to the Health Insurance Oversight System (HIOS).

For insured plans, carriers must submit the attestation on behalf of the employer sponsored plan. Attestations for self-funded health plans need to be submitted by the employer. TPAs are prepared to offer guidance to employers who are required to submit compliance attestations by December 31st. Employers needing assistance should speak with their broker or Third Party Administrator to make sure they are prepared to meet the required deadline for GCPCA submissions.

Is Relief Ahead for Prescription Drug Costs?

Employers looking for ways to soften the cost increases projected for 2024 may get some help from one of the biggest drivers of rising health plan costs. Biosimilars, which are lower cost versions of biologic drugs, began to enter the market earlier this year when the anti-inflammatory medication Amjevita became available to treat arthritis and various forms of cancer. This particular drug has become a much lower cost substitute for Humira, a heavily prescribed, high-cost specialty drug used to treat anti-inflammatory and dermatological conditions.

With specialty medications representing as much as two-thirds of an overall drug spend, additional anti-inflammatory biosimilar drugs being introduced to the marketplace may have a positive impact on some of the factors that continue to drive prescription drug prices higher.

Another trend that could help control prescription drug price increases is a decision by a few major drug manufacturers to eliminate price rebates. This move is likely a reaction to state and federal regulators that continue to push for greater cost transparency by PBMs. With drug shortages contributing to higher costs of new and existing drugs in the past few years, plan sponsors are hoping that coverage of biosimilar drugs and roll-back of price rebates will become more widespread going forward.

The Future of HDHPs

Many lawmakers in Washington are discussing ways to encourage more Americans to move into high deductible health plans. There are about 60 million people enrolled in these plans, which typically offer lower premiums and tax advantages in exchange for higher deductibles that must be satisfied before benefits kick in.

According to research by the Kaiser Family Foundation, the number of employees using HDHPs has doubled in the past 10 years. To increase the number of people using these plans, the Ways and Means Committee, in June, approved a bill with a strong bipartisan vote that would

permit the plans to cover chronic care services before deductibles kick in. Other legislation approved in committee would also allow the costs of Telehealth pre-deductible.

The full House was expected to vote on these bills after returning from their August recess, however no further action has taken place. While Republicans are said to favor increased use of HDHPs as a way to discourage people from seeking unneeded care, some Democrats worry that the plans would pose even greater financial and medical risks for low-income workers who cannot afford to pay their deductibles and skip care as a result.

Trends continued

healthcare systems in the U.K., Africa and even Australia are not only creating new visa categories to ease entry but in some cases, offering salaries that are nearly double current levels. The situation is not expected to ease as some 800,000 nurses say they will leave the workforce by 2027.

More Pickleball

In the City of Chicago, where only 12 official dedicated courts exist, developers are moving quickly to convert empty big box stores into athletic complexes with anywhere from 4 to 12 courts, restaurants, bars, outdoor

patios and more. All this in response to nearly 9 million Americans playing the game. The Sports & Fitness Industry Association says this number has doubled since 2021.

Outsourcing Grows

A new IFEBP survey shows that employers outsource 40% of their benefits functions, with EAPs, COBRA administration, Pharmacy benefits and FSA administration being the most common. The trend is expected to grow as the complexity and risks associated with managing benefits continue to increase.

Informing for 40 Years

Congratulations to the *MayoClinic Health Letter*, which celebrated its 40th year of bringing helpful health information to subscribers. Remaining relevant for 4 decades is quite an accomplishment, especially in today's fast-paced, digital world. Today, Minnesota-based Mayo Clinic reports that well over 400,000 subscribers receive the 8-page printed newsletter every month.

AI and Patient Care

From diagnosing medical conditions to enabling faster stroke response times, artificial intelligence (AI) tools are changing the way physicians practice medicine. GPT-4, the latest version of a chatbot from the company OpenAI, is one example. Teachers at Harvard Medical School are helping students understand how physicians use this technology to diagnose medical conditions. Other large, highly respected hospital systems are making tremendous progress with AI. While some are using it to diagnose medical conditions, others are identifying blockages in large arteries to treat stroke patients faster.

While these applications are very different, physicians and researchers continue to emphasize that while AI continues to transform more and more aspects of medical practice, it does have its pitfalls. Rather than using a chatbot as they would a search engine, experienced doctors say it is best to review symptoms and test results and collaborate with team members before turning to a chatbot for help with a diagnosis. In this way, AI becomes a highly skilled part of the thought process rather than simply arriving at an answer without any basis in fact. Health systems say that while they've been preparing for these rapidly-emerging tools for years, they will remain prudent as they are integrated into patient care.



Open Enrollment – In Person or Virtual?

We all know there are advantages to both and like so many things, there would be little debate if Covid-19 hadn't impacted our lives in so many ways. Face-to-face contact is great, especially because it is lacking in today's business world. Facilitators are able to garner an employee's attention, present information and respond to concerns not only in real time but in a way that will gain trust.

It's safe to say that convenience is likely the biggest advantage to virtual open enrollment. Employees who work from home can explore their options at any time from wherever they may be. Costs are lower and much of the work associated with coordinating an in-person gathering is avoided.

Some Offer Both

Organizations offering a hybrid work environment may want to consider a hybrid approach to open enrollment. In-person enrollment meetings or Q&A sessions can be offered at one or more locations and streamed simultaneously to those working remotely or at satellite facilities.

Another way to utilize both approaches could be for review of pre-enrollment materials or to answer questions about an enhanced wellness program, expanded telehealth services or other new benefit offerings. Whether virtual or in-person, educational sessions offered prior to open enrollment season or at different times of the year will go a long way in helping employees make more informed benefits decisions.

'Light' Mental Health Benefits

A shortage of mental health professionals is generating new mental health benefit solutions, one of which is a lower number of patient visits. One model designed in response to young people experiencing mental health issues following the Covid-19 pandemic has scaled back the number of sessions to as few as one.

While these interventions are not intended to be a substitute for more robust treatment and more testing will be needed to determine effectiveness, limited trials involving people with a variety of serious conditions such as alcohol use, anxiety and chronic pain have been encouraging. Obviously, models such as this enable professionals to help more people including some who may be on a waiting list for a more robust program.



Did You Know? New Ideas for Healthy Consumers

More Support for Caregivers

With recent research showing that one in every five employees serves as an unpaid caregiver for an aging or disabled family member, it's not surprising that caregiver employee resource groups are emerging within many large companies.

While these groups provide a very valuable service by giving employees a place to share experiences, some are beginning to advocate for benefits such as paid time off or 24/7 access to specialized online or Telehealth services. Even though the cost of adding such benefits can be high, the costs associated with employee turnover are often far greater. Research shows that employed caregivers miss an average of 3.2 days a month and nearly a third have voluntarily left a job to focus on family responsibilities.

With a growing number of workers forced to care for young children as well as elderly parents, employers say looking for ways to help will not only boost employee retention but can serve as a valuable recruiting tool as well.



Promise for Stroke Victims



23 health facilities in the United States and Germany are testing pRESET, a new thrombectomy device that was recently approved as a stroke treatment. Acting much like a net, the device is inserted in an artery in the leg and advanced up into the brain to grab ahold of a blood clot and pull it back out.

If strokes are not treated quickly, they can result in speech problems, weakness or paralysis on one side of the body or other problems that can impact quality of life. In trials that have been ongoing for more than two years, stroke patients have been able to regain feeling and recover very quickly. Specialists and authorities at the CDC describe this field as rapidly expanding, noting that the pRESET device is just one of several options recently approved by the FDA to treat strokes.

Note: This newsletter is not intended as a substitute for personal medical or employee benefits advice. Please consult your physician before making decisions that may impact your personal health. Talk to your benefits administrator before implementing strategies that may impact your organization's employee benefit objectives.



Corporate Office

450 Riverchase Parkway East | Birmingham, AL 35244 | 833.748.8876 | 90degreebenefits.com

Regional Offices

Arizona

3800 N. Central Ave., Ste 810
Phoenix, AZ 85012
800.747.9446

Connecticut

291 S. Lambert Rd., Ste 4
Orange, Connecticut 06477
203.876.1660

Florida

14710 Tamiami Trail N., Ste 201
Naples, FL 34110
239.403.7884

Georgia

2810 Premiere Parkway, Ste 400
Duluth, GA 30097
800.680.8728

Louisiana

1325 Barksdale Blvd., Ste 300
Bossier City, LA 71111
800.742.9944

Minnesota

2145 Ford Parkway, Ste 300
St Paul, MN 55116
800.558.7798

Mississippi

1505 Jackson Avenue
Pascagoula, MS 39567
228.762.2500

North Carolina

One Pinebrook Plaza
9101 Southern Pine Blvd., Ste 300
Charlotte, NC 28273
800.277.9476

Oklahoma

325 N. Main Street, PO Box 1309
Muskogee, OK 74401
800.749.1422

Pennsylvania

Pittsburgh
Manor Oak Two, Ste 605
1910 Cochran Road
Pittsburgh, PA 15220
800.922.4966

Harrisburg

6345 Flank Drive, Ste 400
Harrisburg, PA 17112
717.652.8040

Tennessee

2607 Kingston Pike, Ste 190
Knoxville, TN 37919
800.762.8316

Texas

Corpus Christi
210 South Carancahua, Ste 301
Corpus Christi, TX 78401
800.436.8787

Dallas

15455 N. Dallas Parkway, Ste 450
Addison, TX 75001
469.791.5900

Houston

22322 Grand Corner Drive, Ste 200
Katy, TX 77494
800.436.8787

Lubbock

4401 82nd Street, Ste 1200
Lubbock, TX 79424
800.747.9446

San Antonio

11467 Huebner Road, Suite 300
San Antonio, TX 78230
800.747.9446

Wisconsin

7020 N. Port Washington Road,
Ste 206
Milwaukee, WI 53217
800.558.7798

Let's Talk