



# Regulatory & Key Initiatives Summary

## 2022-2023

September 2022

Summary applies to UnitedHealthcare National Account , Key Account and Public Sector businesses.

Non-integrated United Healthcare business may vary in their approach.

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## Summary 2022-2023

Name	Summary	Effective Date	Client Action	UHC Action												
COVID-19	The COVID-19 National Public Health Emergency period was extended through Oct. 12, 2022 and will likely be extended further as the HHS 60-day notification window has passed.	10/12/2022	Awareness	<ul style="list-style-type: none"> <li>➤ Continue to monitor</li> <li>➤ Currently working on activities required to incorporate COVID-19 in our long-term approach</li> </ul>												
Monkeypox	The World Health Organization declared a Monkeypox Global Health Emergency on July 23, 2022. However, the US Department of Health and Human Services has not yet declared a Public Health Emergency.	07/23/2022	Client reporting available	<ul style="list-style-type: none"> <li>➤ Continue to monitor</li> <li>➤ Provide client specific reporting, upon request</li> <li>➤ Presentation available, upon request</li> </ul>												
Out-of-Pocket Maximum	All in-network member cost-sharing, including flat-dollar copayments, must accumulate to a plan's out-of-pocket maximum (OOPM). 2023 in-network out-of-pocket maximum is \$9,100 individual / \$18,200 family	01/01/2023	Ensure 2023 plans do not exceed in-network out-of-pocket limits	Update plan design, upon request												
Health Savings Account Dollar Maximums	Minimum deductible, maximum out-of-pocket and maximum contribution limits apply. <table border="1"> <thead> <tr> <th>Limits and Maximums</th> <th>Self Only</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Minimum Deductible</td> <td>\$1,500</td> <td>\$3,000</td> </tr> <tr> <td>Annual Contribution Limit</td> <td>\$3,850</td> <td>\$7,750</td> </tr> <tr> <td>Annual Out of Pocket Maximum</td> <td>\$7,500</td> <td>\$15,000</td> </tr> </tbody> </table>	Limits and Maximums	Self Only	Family	Minimum Deductible	\$1,500	\$3,000	Annual Contribution Limit	\$3,850	\$7,750	Annual Out of Pocket Maximum	\$7,500	\$15,000	01/01/2023	Ensure 2023 plans do not exceed limits	Update plan design, upon request
Limits and Maximums	Self Only	Family														
Minimum Deductible	\$1,500	\$3,000														
Annual Contribution Limit	\$3,850	\$7,750														
Annual Out of Pocket Maximum	\$7,500	\$15,000														
Mental Health Parity	<b>Non-Quantitative Treatment Limitations:</b> Beginning February 11, 2021, per the CAA an NQTL analysis must be made available to regulators, upon request.	Upon request from DOL	Request UHC engagement to support DOL audit	Perform NQTL analysis to support DOL request												



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<p>Nondiscrimination Section 1557</p>	<p><b>Existing:</b> Individuals must be provided equal access to health programs or activities without discrimination on basis of race, color, national origin, sex, age (gender), or disability. Changes fall in to 3 categories:</p> <ul style="list-style-type: none"> <li>▶ <b>Benefit Design:</b> Access to health programs or activities without discrimination.</li> <li>▶ <b>Meaningful access</b> for individuals with limited English proficiency such as taglines for top 15 non-English spoken languages in a state.</li> <li>▶ <b>Disability Support</b></li> </ul> <p><b>New:</b> New proposed rule, within the comment period</p> <ul style="list-style-type: none"> <li>• Published by the HHS Office for Civil Rights (OCR) and CMS in the Federal Register on August 4, 2022 (87 FR 87824) with 60-day comment period (October 3, 2022).</li> <li>• Applies to: Third-Party Administrators (if any party accepts federal funding or assistance).</li> <li>• TPAs may be subject to the rule if they are responsible for benefit design or apply a benefit in a discriminatory manner.</li> </ul>	<p>10/03/2022</p>	<p>Awareness</p>	<p>Reviewing rule and will provide feedback during the Comment Period</p>
<p>Transparency in Coverage Rule (TiC) – Machine-Readable Files</p>	<p>Insurers and plans are required to make available to the public — including consumers, researchers, employers, and third-party developers — machine-readable files disclosing detailed information on the costs of covered items and services including prescription drug pricing, as follows:</p> <ul style="list-style-type: none"> <li>▶ Negotiated rates for in-network providers</li> <li>▶ Historical allowed amounts and billed charges for out-of-network providers; and</li> <li>▶ Negotiated rates and historic net prices for prescription drugs (<i>paused pending additional rulemaking</i>)</li> </ul>	<p>07/01/2022</p>	<p>Awareness</p>	<ul style="list-style-type: none"> <li>➤ Posted files beginning 07/01/2022</li> <li>➤ UHC updates files on a monthly basis, as required</li> </ul>



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<b>Transparency in Coverage Rule (TiC) – Consumer Price Transparency Tool (CPTT)</b>	<p>The Transparency in Coverage rule requires insurers and plans to create an online consumer tool that includes personalized information regarding members’ cost-sharing responsibilities for covered items and services, including prescription drugs. The tool must be an internet-based cost estimator tool to estimate personal cost-share liability for both medical and prescription drugs and must:</p> <ul style="list-style-type: none"> <li>▶ Permit members to search based on billing code or description</li> <li>▶ Allow members to compare costs across both in-network and out-of-network providers</li> <li>▶ Inform members of any accumulated deductible or other out-of-pocket expenditures to date</li> <li>▶ List any factors that impact the cost such as service location or drug dosage</li> <li>▶ Provide cost estimates in paper format at the member’s request</li> </ul>	<p>Effective for 500 items and services 1/1/23 and all items and services 1/1/24</p>	<p>Awareness</p>	<p>UHC currently working on activities to comply with this requirement, myuhc.com will be updated to include the required capabilities</p>
<b>Over the Counter Hearing Aid Coverage</b>	<p>The Food and Drug Administration (FDA) is establishing a regulatory category for over-the-counter (OTC) hearing aids and making related amendments to update the regulatory framework for hearing aids.</p> <ul style="list-style-type: none"> <li>▶ Allows individuals with mild or moderate hearing loss to buy hearing aids without the need for a medical exam, prescription or fitting adjustment by an audiologist.</li> </ul>	<p>This rule is effective October 2022</p>	<p>Awareness</p>	<p>UHC is quickly reviewing all the implementation requirements and will provide additional details over the coming weeks</p>
<b>Consolidated Appropriations Act (CAA) – Continuity of Care</b>	<p>Continuity of care requirements apply when a provider is terminated. Member may apply for continuity of care if they meet certain medical conditions.</p>	<p>01/01/2022</p>	<p>Awareness</p>	<ul style="list-style-type: none"> <li>➤ UHC sends notice to members when provider is terminated from network</li> <li>➤ Process in place to provide continuity of care</li> </ul>



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<b>Consolidated Appropriations Act (CAA) No Surprises Act</b>	<p>Establishes federal standards to protect patients from balance billing for defined items and services provided by specified doctors, hospitals and air ambulance carriers on an out-of-network basis.</p> <p>The legislation caps patient cost-sharing at in-network levels and requires providers and insurers/health plans to negotiate remaining bills. If the parties are unable to reach an agreement, an Independent Dispute Resolution (IDR) process is established to determine the reimbursement amount.</p> <p>The law applies to medical bills related to:</p> <ol style="list-style-type: none"> <li>1. Out-of-network emergency covered services at a hospital or freestanding facility.</li> <li>2. Covered items and services provided by certain out-of-network health care providers at an in-network facility.</li> <li>3. Out-of-network air ambulance items and services.</li> </ol>	01/01/2022	<ul style="list-style-type: none"> <li>➤ Awareness</li> <li>➤ Client specific reporting available through Employer eServices</li> </ul>	UnitedHealthcare manages the IDR process and work through IDR for our customers
<b>Consolidated Appropriations Act (CAA) Pharmacy Benefits &amp; Costs Reporting</b>	<p>Health plans offering group or individual health insurance coverage must report plan specific prescription drug spending and certain medical cost data annually to the Tri-agencies.</p> <p>Included in the report must be 8 files that include:</p> <ul style="list-style-type: none"> <li>▶ claims paid for the top 50 brand prescriptions most frequently dispensed by drug.</li> <li>▶ annual amount spent by top 50 most costly prescription drugs by total plan/coverage spend</li> <li>▶ the amount spent for the top 50 prescription drugs with the greatest plan spending increase over the prior plan year</li> <li>▶ total health care spend, premiums and rebates</li> </ul>	<p>Data reports must be put in government portal by 12/27/22 for 2020 and 2021 data.</p> <p>Beginning in 2023 the reports are due June 1 for the prior year.</p>	<ul style="list-style-type: none"> <li>➤ Shared responsibility D1 and P2 Data submission in CMS portal</li> <li>➤ Refer to the Pharmacy Benefits &amp; Costs Reporting <a href="#">Guide</a> for additional details</li> </ul>	Shared responsibility D2 through D8 Data submission in CMS Portal



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UHC Travel & Lodging Benefit	At no additional cost, UnitedHealthcare may administer our standard travel and lodging benefit for self-funded customers who choose to deploy this benefit in connection with their plan. Standard options provide for a maximum benefit of between \$500 - \$2000 per year with a minimum travel distance of at least 50 miles from the plan participant's home address. Reimbursements will be made in alignment with IRS guidelines so that this benefit will not generate a tax liability for the member	Self Funded – 7/1/2022  Fully Insured – Effective date will vary as states approve	Awareness	<ul style="list-style-type: none"> <li>➤ Use internal and external FAQs in discussions with brokers, consultants or employers</li> <li>➤ Implement plan changes, upon request</li> </ul>
Vital Pharmacy Management (Zero Cost Share Drugs)	On July 15, a press release was issued announcing that UnitedHealthcare is taking an important step in its continued efforts to make prescription drugs more affordable for people. We will be eliminating out-of-pocket costs for preferred short and long-acting insulins as well as the following preferred emergency use drugs that are critical in acute, life saving circumstances: <ul style="list-style-type: none"> <li>• Epinephrine – severe allergic reactions</li> <li>• Glucagon – hypoglycemia</li> <li>• Naloxone – opioid overdoses</li> <li>• Albuterol – acute asthma attacks</li> </ul>	Effective 01/01/2023  Deadline for ASO opt-in by 10/07/2022	Awareness and optional plan change for ASO	<ul style="list-style-type: none"> <li>➤ UHC is quickly reviewing all implementation requirements and will provide additional details over the coming weeks</li> <li>➤ Implement plan changes, upon request</li> </ul>
Gender Affirming Benefit Changes	New standard will apply to ASO plans who elect UHC standard Gender Dysphoria coverage.  New business & 1/1 renewals will be updated for 1/1/23. All other ASO clients will receive these changes upon renewal.  Standard will include: Breast augmentation Tracheal shave Voice modification surgery Voice modification therapy And a Travel and lodging benefit to allow coverage associated with travel for network services	Self Funded – 1/1/2023  Fully Insured LG – 7/1/2023	No action needed to adopt changes to standard	No action needed to adopt changes to standard

