



TO: Our Valued Clients and Brokers
FROM: Health Plans, Inc.
DATE: January 25, 2023
RE: Compliance *eBlast*: Transparency Tool, RxDC Submissions, Air Ambulance Reporting, and CAA 2023 Update

Over the past two years, Health Plans, Inc. (HPI) has issued Compliance *Alerts* and *eBlasts* advising our clients about the regulatory requirements of the Transparency in Coverage Final Rule (TiC) and HPI's solutions to meet those requirements. The *Alerts/eBlasts* can be found [here](#). This new Regulatory Affairs *eBlast* provides a high level summary of HPI's success in meeting compliance with the Transparency Tool requirements for 1/1/2023, as well as updates on our ongoing work to build upon and improve the Tool's functionality over time. In addition, this *eBlast* provides updates on HPI's successful filing of the *Consolidated Appropriations Act of 2021* Prescription Drug Data Collection (RxDC) Reporting, updates on the new *No Surprises Act* Air Ambulance Reporting requirements for 3/31/2023, and a Consolidated Appropriations Act (CAA) 2023 update concerning telehealth extensions.

Transparency Tool

As you are aware, HPI has partnered with Healthcare Bluebook, a well-recognized leader in providing solutions to ensure self-funded employers meet the requirements of the TiC. Healthcare Bluebook has been supporting the monthly sourcing, hosting, and maintenance of the Machine Readable Files (MRFs) from our network partners since the regulatory effective date of 7/1/22. Healthcare Bluebook is also leveraging the MRFs, and other network partner data, to develop and maintain the required self-service Cost Transparency Tool for 2023 and beyond.

On 1/1/2023 the self-service Cost Transparency Tool (the Tool) hosted by Bluebook went live. This online self-service tool allows HPI members to view an *estimate* of certain covered services treatments/network providers prior to having a medical procedure. The Tool will continue to improve with regular data updates; for example, as new providers enter or exit networks and member specific costs and deductibles change due to use of services. Member's plan information and credentials are needed to log-into the Tool, which is accessible via the online Member Portal free of charge. For more information on the Tool, please visit this [FAQ](#).

Prescription Drug Data Collection (RxDC) Reporting

As mentioned in our recent *eBlast* found [here](#), HPI successfully submitted the RxDC Reporting for 12/27/2022 pursuant to the *Consolidated Appropriations Act of 2021*. HPI's approach for the 2022 RxDC Report did not change since being detailed in the 9/9/2022 Regulatory Affairs and Action *Update* found [here](#) – HPI submitted D2 Medical Data for any months during 2020 and 2021 that plans were active with HPI along with a P2 Plan List and a Narrative Response.

As a reminder, the reporting and submission of the RxDC required data files is a joint effort between the client, the client's pharmacy benefit manager (PBM), and HPI. We encourage you to contact your PBM with questions on pharmacy data file submissions. As an additional reminder, the Departments of Labor, Health and Human Services, and the Treasury (the Departments) issued an extension to 1/31/2023 for plans to file their part of the RxDC Report and advised that there will be no penalties for good faith compliance for the 2022 submission.

Please note that future reference years reporting will be due annually on 6/1. HPI will reach out prior to the 6/1/2023 deadline with additional process updates for our RxDC reporting and for data collection purposes, as applicable.

Air Ambulance Reporting

Section 106 of the *No Surprises Act* requires health plans and health insurance issuers to disclose certain data to the Department of Health and Human Services (HHS) regarding the use of air ambulance services. The Departments issued proposed regulations implementing Section 106 regarding these required disclosures on 9/16/2021. At this time, the Departments have not yet issued the final rule on air ambulance reporting. The proposed regulation requires plans and issuers to submit air ambulance reporting and claims data for the 2022 plan year by 3/31/2023, and for the 2023 plan year by 3/30/2024.

Although the Departments have not yet finalized this regulation, HPI is beginning to evaluate and determine a data collection method for the following information identified within the proposed regulation:

- Identifying information for the group health plan, plan sponsor or issuer, and for any entity reporting on behalf of the plan or issuer, as applicable.
- The type of coverage (e.g., self-insured plan offered by a large employer, fully-insured large group, etc.).
- Date of service.
- Billing National Provider Identifier (NPI) information.
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code information.
- Transport information, including type of aircraft, miles, pick-up and drop-off zip codes, whether the transport was emergent or non-emergent, whether the transport was an inter-facility transport, and, if available, the service delivery model of the provider.
- Whether the provider had a contract with the plan or the issuer.
- Claim adjudication information, as applicable.
- Claim payment information, if applicable.

As further Federal guidance is issued on the new Air Ambulance Reporting, HPI will issue additional *eBlasts* and/or *Alerts* notifying you of our progress in meeting this new federal regulatory reporting requirement.

Consolidated Appropriations Act 2023 (CAA 2023)

The CAA 2023 includes a two-year extension of telehealth coverage flexibility for HSA-compliant high deductible health plans (HDHP), whereby such plans may rely on the telehealth safe harbor established in the CARES Act and provide telehealth services on a first-dollar basis. This is the [second extension](#) of pandemic-related HDHP telehealth coverage relief. The first extension ended on 12/31/2022 and all cost share clients had waived for their HSA-HDHPs automatically re-applied effective 1/1/2023. This new extension allows HSA-HDHPs with plan year start dates (PYS) beginning on and after 1/1/2023 through 12/1/2024 to again waive the cost share. Clients with HSA-HDHPs are not required to absorb the costs of providing first dollar coverage; however, if you would like to do so and upon request, HPI will amend your plan accordingly effective on your 2023 PYS. If your PYS is on 1/1/2023, the earliest HPI can administer this optional waiver of cost share is 2/1/2023, assuming we receive your request prior to 2/1/2023. If you would like to waive the cost share for telehealth services for your HSA-QHDHP, please contact your HPI Account Manager to request an amendment to your plan(s).

Please do not reply to this email. Please contact the HPI Account Service Team directly if you have questions.

Regards,

Andrew H. A. Meggison

Director, Regulatory Affairs

HealthPlansInc.com

1500 West Park Drive, Suite 330

Westborough, MA 01581

The information in this Compliance *eBlast* is intended to provide a summary of our understanding of recent regulatory developments which may affect our clients' plans. It should not be construed as specific legal advice or legal opinion.