

10/09/2020

Good Afternoon REDC Members,

We hope you had a great week and for those celebrating Columbus Day, have a good long weekend ahead! Below you'll find our policy update for the week:

- **Commercial Telehealth Advocacy with Governors/State Insurance Commissioners:**
 - The REDC, in partnership with the EDC sent letters to all 50 Governors and Insurance Commissioners expressing concern over tele-mental health coverage deadlines from select payers.
 - **Attached you will find all the letters in the attached zip files and an Excel spreadsheet recording states we have received responses back from.** As we know some of your work emails do not accept zip files, Hanna will be uploading all of these to the REDC portal, so you can have access there.
 - The following states received a letter related to the **September 30, 2020** termination deadline: CA, WA, OR, CO, AZ, MN, PA, NY, MA, FL, NC, TX
 - The following states received a letter related to the **October 24, 2020** termination deadline, once the 9/30 deadline was extended: ID, LA, AL, NV, ND, SC, VT, WV, WI, WY
 - The following states received an **email** cribbing language from the formal letter. A formal letter was not sent as these states have strong telehealth coverage mandates: AK, AR, CT, DE, DC, GA, HI, IL, IN, IA, KS, KY, MI, MS, MT, NE, NH, NJ, NM, OK, RI, SD, TN, UT, VA
- **We have a larger letter to Governors/State Commissioners circulating the mental health community right now.**
 - Please do inform us if you run into any issues or deadlines.
- **Importantly, the Administration has extended the public health emergency declaration through January 21, 2021. The renewal will take effect on October 23, 2020 and start the 90-day clock.**
- **Telehealth Copays--FYI**

- At the beginning of the month, several private health insurers have started reinstating costs for patients reliant on virtual care.
 - UnitedHealthcare is ending a “virtual visit” benefit, which it was covering the full cost of visits, for individuals seeing in-network providers for medical issues not related to COVID-19.
 - Anthem will stop waiving the cost of copays, coinsurance, and deductibles for virtual visits not related to COVID-19.
- **SERVE Act:**
 - This week leaders on Capitol Hill have indicated that the NDAA, which includes the report provisions encouraging the SERVE Act from the Senate, is expected to be finalized and voted on **in early December**. The plan is to have the house bill on the floor the first week of December.
 - Our leads on the House & the Senate both feel pretty comfortable with where we are at, so look forward to this progressing and seeing the final report language.
 - The next step for preparation will be to have a House & Senate bipartisan letter after passage to the Defense Health Agency to work to enact both the House-report on residential treatment and the Senate-report encouraging DOD to enact the provisions of the SERVE Act (removing age limit for families, decreasing barriers to contracting, and training Cos and Supervisory personnel to early identify all mental illnesses, including eating disorders). This will pair with the FY22 NDAA work to require the SERVE Act provisions.

COVID-19 Provider Relief Funding (PRF)

I. \$20 billion from HHS available for any behavioral health provider who sees patients

i. Apply starting October 5, 2020 – November 6, 2020: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html#how-to-apply>

ii. All providers eligible for a previous PRF distribution, plus new 2020 providers and behavioral health providers may apply. Providers may be eligible regardless of whether they were eligible for, applied for, received, accepted, or rejected payment from prior PRF distributions.

iii. To be eligible to apply, the applicant must meet at least one of the following criteria:

1. **Billed Medicaid / CHIP programs or Medicaid managed care plans** for health-related services between Jan.1, 2018-Mar.31, 2020; or
2. Billed a health insurance company for **oral healthcare-related services** as a dental service provider as of Mar. 31, 2020; or
3. Be a licensed dental service provider as of Mar. 31, 2020 who does not accept insurance and has **billed patients for oral healthcare-related services**; or
4. **Billed Medicare fee-for-service** during the period of Jan.1, 2019-Mar. 31, 2020; or
5. Be a Medicare Part A provider that **experienced a CMS approved change in ownership** prior to Aug. 10, 2020; or
6. Be a state-licensed / certified **assisted living facility** as of Mar. 31, 2020
7. Be a **behavioral health provider** as of Mar. 31, 2020 who has billed a health insurance company or who does not accept insurance and has billed patients for healthcare-related services as of Mar. 31, 2020

iv. Additionally, to be eligible to apply, the applicant must meet all of the following requirements:

1. Filed a **federal income tax return** for fiscal years 2017, 2018, 2019 if in operation before Jan. 1, 2020; or be exempt from filing a return; and
2. **Provided patient care** after Jan. 31, 2020 (Note: patient care includes health care, services, and support, as provided in a medical setting, at home, or in the community); and
3. **Did not permanently cease** providing patient care directly or indirectly; and
4. For individuals providing care before Jan. 1, 2020, have gross receipts or sales from patient care reported on **Form 1040** (or other tax form)

Health Insurance & the ACA

I. House Energy & Commerce Committee, Health Subcommittee Holds Hearing on the ACA & COVID-19

i. Testimony from entities across the political spectrum were surprisingly in agreement that the ACA is a valuable

resource during the pandemic and the continuing losses of health insurance coverage remains a pressing issue.

ii. A full summary of the hearing is attached.

II. [Kaiser Family Foundation Releases Annual Employer Benefits Survey](#)

i. Survey findings, which are consistent with past years, show another increase in costs both for companies offering coverage and the workers who rely on it.

ii. Insurance premiums have kept well ahead of inflation and wages. In 2020, premiums rose an average of 4%--nearly double the rate of inflation, while worker's wages grew 3.4%.

1. Average premiums for a family health plan passed \$21,340 this year—a 4% increase.

iii. Deductibles stay flat this year, but overall they've more than doubled since a decade ago.

1. While deductibles have risen 11% since 2010, and premiums have risen 55%, workers' wages have grown just 27%.

iv. High deductible health plans (HDHPs) have also proliferated—accounting for nearly 1/3 of the job-based market in 2020, up from 13% a decade ago.

Best,

Center Road Solutions Team

Allison Ivie, M.P.P., M.A.

Vice President

Center Road Solutions, L.L.C.