

09/24/2021

Hello REDC Members,

Here is your weekly policy update!

NDAA Status in the House:

- Meng Amendment passed the Rules Committee earlier this week and moved to the House Floor!
 - This by itself was a huge success, in the days before we built a lot of support among Rules Committee members and it paid off!
 - The Meng Amendment was been placed in an en bloc package, meaning that it was being voted on alongside a bunch of other amendments at once. It passed with bipartisan support at around 8pm EST.
 - **Ultimately last night at around 9:30pm EST, the NDAA (with SERVE language and the Meng Amendment inside) passed the House! A gift for the weekend!**

NDAA Status in the Senate:

- The Senate Armed Services Committee released NDAA text and report on Wednesday – and it included exciting language on body composition standards and eating disorders!
 - The exact language is “Attempts to comply with body composition standards frequently contribute to unhealthy eating disorders that can be hazardous in career fields where focus and attention to detail can be impacted by the disorder.”
 - Additionally adds “Currently, military body composition standards are based on archaic, homogeneous data and standards that can be discriminatory.”
 - Read the full report here: [SASC committee report](#), with this section on page 268
- The Senate is now back from August recess & we are in close communication with Senate SERVE co-sponsors Shaheen and Tillis so they are ready to submit the SERVE amendment for floor consideration.
- In addition, we’re in the process of identifying Senate leads for Meng’s amendment so we can introduce that on the Sen. Side as well.
- We’re hearing that the NDAA may not be on the Senate floor until October or November, so we have some time to set up the amendments for success!
- Next Steps:
 - **House Floor Passage:** House will need to pass the full NDAA (and the Meng amendment, ideally) on the Floor
 - **Senate Floor Amendment & Passage:** Senator Shaheen & Tillis will submit the House SERVE amendment language during the Senate

Floor vote which is expected end of September or early October. We are in the process of identifying Senate leads for the Meng amendment.

- **Conference Negotiations:** Then both the House & Senate NDAA will need to be negotiated (called conferenced) for differences, and have one more vote in both Chambers

Notice of Benefit and Payment Parameters Final Rule

- The Centers for Medicare & Medicaid Services (CMS) finalized their annual 2022 Notice of Benefit and Payment Parameters Rule. This is an annual proposed rule that makes changes to the ACA plans for the forthcoming plan year.
- We submitted comments on behalf of the REDC at the end of July. The final rule is [here](#) and the CMS press release is [here](#)

• ACA Plans

- The final rule made a change to Qualified Health Plan regulations to **ensure improvements to the statutory provisions of the federal parity act will also apply to coverage for all health insurance exchanges established under the ACA!** The change makes clear that health plans must comply with all requirements under the federal parity law, including any amendments to the law that passes in subsequent legislation in order to satisfy essential health benefit requirements.
- Open enrollment will be extended by one month, in a move that will give people until mid-January to purchase coverage on the 2022 individual market.
 - The period will run from November 1 – January 15.
- The agency is also reinstating requirements that navigator groups assisting the enrollment effort to provide expanded services to consumers after they've picked a health plan.

• Telehealth Considerations

- Our comments predominately focused on maintaining coverage for telehealth, specifically urging CMS to consider **integrating telehealth as a covered treatment modality for essential health benefits—especially for those seeking mental health and substance use disorders services.**
- Although that recommendation was not adopted, the agency did notate they received several comments supporting the application of telehealth for fulfilling network adequacy standards and that HHS is particularly interested in telehealth given its recent expansion during the pandemic. **“HHS intends to detail the specified criteria and processes for meeting network adequacy standards. Standards**

that account for the availability of telehealth services are under consideration.”

- **This response is well-timed as Jillian Lampert and Center Road Solutions will be meeting with several folks at CCIOO, the center within CMS that is in charge of ACA plans on October 1.**

- **Medicare Advantage Insurer Suspensions**

- CMS has suspended enrollment in 3 MA plans offered by UnitedHealthcare and one by Anthem because they failed to meet the minimum quota for benefits expenditure.
- MA plans must maintain a medical loss ratio of at least 85%, that is, they must spend 85% of their premiums on medical benefits and claims.
 - When an organization fails to do so for 3 consecutive years, CMS must suspend the organization’s ability to accept new enrollments in the plans it offers.
- The plans whose MLR ranged from 77% to 84.9%, will not be able to enroll any new members until 2023.
- The UHC plans that were suspended were UHC of the Midwest, UHC of New Mexico and UHC of Arkansas, which operate in six states. The Anthem plan is a product that operates in Puerto Rico.

- **Inspector General Report on Medicare Advantage**

- **20 private insurers collected \$9.2 billion in Medicare payments in a single year**
 - This disproportionate share of payments for patient care was not fully documented, an IG report released this week states.
- The HHS IG expressed concern over the extent to which certain MA plans may have inappropriately used patient chart reviews and health-risk assessments to document beneficiaries’ health issues without any supporting records showing that services were provided.
- One unnamed company generated 40%, or \$3.7 billion, of all payments reviewed from diagnoses submitted only on chart reviews and Health Reimbursement Accounts while it enrolled only 22% of all MA beneficiaries.
- The IG recommended CMS take additional steps to determine the appropriateness of payments and conduct oversight of the 20 companies that collected a disproportionate share of payments.

- **Parity Opt Outs**

- **Benefits Consulting Firm Suggests Opting Out of Mental Health Parity and Addiction Equity Act (MHPAEA)**
 - Benefits consulting firm, Segal sent a guide to their clients that guides public sector employers on the necessary steps to opt out of mental health parity and other benefits.

- The guide was created to “measure and mitigate audit and litigation risk” given DOL’s crackdown on MHPAEA violations.
- The guide can be viewed [here](#) and has been frowned upon by those in the MHSUD fields/community.

- **Closing the Medicaid Coverage Gap**

- REDC Consortium signs letter urging Congress to provide a permanent solution to the Medicaid coverage gap.
- The letter was led by The Leadership Conference for Civil and Human Rights.
- The letter can be viewed [here](#).

White House Domestic Policy Council Meeting:

- This week Katrina attended a White House Domestic Policy Council meeting with the TRICARE for Kids Coalition focused on fixing issues around the decrease in direct care specialty providers and purchased-care provider contracts.
- As background, the medical billet cuts has set to decrease the specialty providers on military bases significantly, including cutting 70 mental health providers. The idea is that beneficiaries will be able to use the purchased-care system to supplement.
- During this meeting, Katrina discussed how purchased care providers- particularly in TRICARE East- are hitting issues becoming new contractors due to the payers (Humana’s) network adequacy limits.
- Her colleague at the Military Officers of America Association (MOAA) added that what happens is that the payers in TRICARE East and West have “network adequacy” standards in their contracts that are not sufficient to meet the needs of TRICARE beneficiaries, so once they hit their quota under their contract, there is no more incentive for them to add more providers to the network.
- The White House took copious notes and was very concerned about the decrease in mental health services and lack of access to care under TRICARE, and said they would start working with the DoD to see how they can address these items.

Have a great weekend!
Center Road Solutions Team