



Weekly Bulletin – March 10, 2023



WHAT'S NEW THIS WEEK?

Registration is open for the 30th Annual Conference – Wednesday, April 19, 7:45AM – 4:30PM at the Rosen Centre Hotel, Orlando – REGISTER TODAY!!

We are looking forward to seeing everyone at this year's conference, *Blueprint for Change – Best Care at a Transparent and Fair Price*. We have a great line up of speakers and panelists including:



Marilyn Bartlett



Lea Ann Biafora



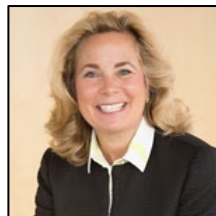
Jennifer Cloutier



Scott Conard, MD



Christin Deacon



Cynthia Fisher



Daryl Gottlieb



Christine Hale, MD



Alex Jung



Pete Scruggs



Chris Syverson

Please visit [30th Annual Conference - Florida Alliance for Healthcare Value](#) for more information. To go directly to registration, click [HERE](#). Codes for complimentary registration for our employer members have been sent out to our main contacts for each organization. Please contact Tish Middleton, tish@flhealthvalue.org, if you have any questions.

IMPORTANT: New Guidance from CMS and the Department of Labor (DOL) on CAA Section 201 – Access to Employer Data

Alex Jung has shared important new guidance on Section 201 of the Consolidated Appropriations Act (CAA) with us.

Please use this new guidance with your carriers if you encounter resistance or refusal from them to provide you with your claims data!



Section 201 of the Consolidated Appropriations Act (CAA) was enacted last year and the DOL just released guidance around access to employer data. The Gag Clause Prohibition Compliance Attestation System states that they cannot withhold cost, quality, and utilization data.

Please see below for the following excerpt from the guidance:

"These provisions prohibit group health plans and health insurance issuers offering group health insurance coverage from entering into an agreement with a healthcare provider network or association of providers, third party administrator, or other service provider offering access to a network of providers that would directly or indirectly restrict a plan or issuer from:

- 1. Providing provider specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage; and**
- 2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary or enrollee in the plan or coverage upon request.**

Plans and issuers must ensure that their agreements with healthcare providers, networks, or associations of providers or other service providers offering access to a network of providers do not contain these or other provisions that violate the prohibition on gag clauses under Code Section 9824, ERISA Section 724, and PHS Act Section 2799A-9."

Note that a federal statute supersedes any and all agreements between parties.



Employer Educational Programs And Employer Learning Collaboratives

Employer Member Complimentary Webinar: The Case for Multifaceted Public Policy Intervention – March 14, 2:00PM – 3:00PM ET

This Catalyst for Payment Reform webinar, the first in a series of four, lays out the case for implementing state policy interventions designed to place downward pressure on commercial prices and rebalance market power. The speakers are Chris Whaley and Gloria Sachdev. Chris has spoken at several Florida Alliance events about the RAND Hospital Price Transparency Study including last year's Annual Conference in a "fireside chat" with Marilyn Bartlett. Gloria leads our sister coalition, Employers Forum of Indiana, and is the individual who spearheaded the creation of Sage Transparency, the Hospital Value Dashboard.



Christopher Whaley, PhD
Health Economist
RAND Corporation



Gloria Sachdev
President, CEO
Employers Forum of Indiana

Click [HERE](#) to register.

Employer Member Resource: Asthma Care and Management Presentation



Florida Alliance Affiliate Member Genentech has developed an educational series entitled "**Understanding Moderate/Severe Persistent Asthma: Clinical guidelines for managing asthma and information to help address asthma disparities.**" It is an interactive education session that can be presented virtually or live and modified to the interests of the audience.

The educational presentation is unbranded, and reviews multiple topics related to asthma care management with highlights including:

- An overview of asthma definitions as well as data on the cost/prevalence and overall burden on the healthcare system
- Focused discussion on social, economic, racial and ethnic disparities of care in asthma and barriers patients experience in their journey

- Three case studies available (pediatric, adult, elderly) to humanize the patient journey and address multiple areas of disparities in asthma
- Comprehensive review of updated National Heart Lung and Blood Institute Asthma Guidelines and goals of asthma management

For more information about the educational series, please contact Jane Lutz at lutz.jane@gene.com

Tips for Employee Health Policies After the COVID-19 Emergency

The national COVID-19 public health emergency ends on May 11. At the Health Action Alliance’s Act Fast: National Briefing on New Strategies to Protect Your Workforce employer briefing, experts offered advice to help companies safeguard employee health. Here are six recommendations for shaping your post-emergency COVID-19 health policies.



1. **Focus on low-wage workers, primarily those without private insurance**

As workers may find it more difficult to access tests to confirm if they have COVID-19, consider keeping a stock of tests on hand and make them directly available.

2. **Maintain in-network coverage for tests, without a doctor visit**

Continue in-network coverage for rapid tests and without the requirement for a doctor to order the test. According to Jeff Levin-Scherz, Population Health Leader, “We want people to test when they feel ill rather than just go into the workplace.”

3. **Encourage sick workers to stay home and provide paid leave for them to do so**

If workers risk income to stay home when they are sick, there is little incentive for them to do so or to test for COVID-19. That leaves the workplace vulnerable, particularly the 3 in 5 Americans at high risk for getting very sick from COVID-19.

4. **Keep telehealth visits available as an option, especially in rural areas**

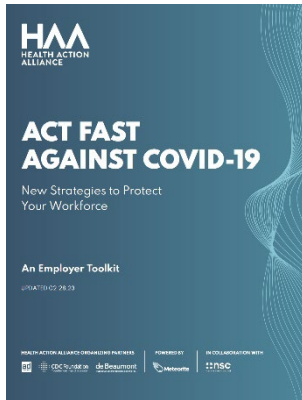
While employees may now be expected to share some costs for telehealth appointments, keeping telehealth as an available option could help some workers access care who would not otherwise have access.

5. **Promote the availability of treatments now**

There are currently millions of treatment doses available for free from the federal government’s stockpile. Educating employees about effectiveness of treatments could increase their uptake and prevent severe illness and hospitalization.

6. **Continue allowing employees who want to wear masks to do so without stigma**

Part of empowering employees to take control of their own health is supporting those who want to take additional precautions, such as wearing a mask at the workplace. Continue allowing them to do so without fear of harassment or stigma.



Visit [On-Demand | Health Action Alliance Copy](#) for a video of the employer briefing along with videos of other past events. Click [Act Fast Against COVID-19 Toolkit](#) for key messages, communication tips, sample emails and more to help you reach employees to know their risk and make a plan for treatment.



In Case You Missed It

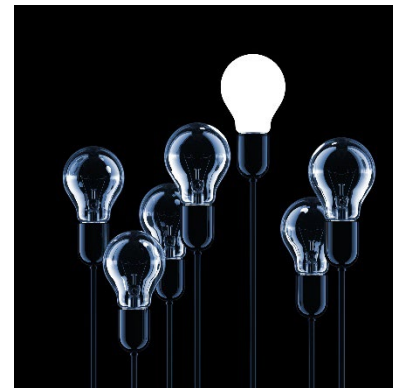
Healthcare Oversight Rule Changes Create Legal Risk for US Employers

Bloomberg Businessweek, March 8, 2023

New federal policies are adding pressure to companies to make sure they are not squandering employees' health benefit money. That will not be easy in a healthcare system where a quarter of spending is waste, and the cost and quality of care varies wildly. The details of prices and fees have long been hidden from employers, kept in secret in private contracts worked out by carriers, hospitals, and benefits consultants.

Companies that believed they were getting good deals on medical care and drugs have been surprised by what the new regulations have revealed. **Michael Thompson, CEO of the National Alliance of Healthcare Purchaser Coalitions**, was interviewed for this article.

To read more, click [HERE](#).



IMPORTANT ACTION ITEM! RESPONSES STILL NEEDED FOR VOICE OF THE PURCHASER SURVEY

We wanted to remind you that we are still seeking responses for the Voice of the Purchaser Survey on Behavioral Health Support. The deadline to complete the survey is next Wednesday, **March 15**.

The survey focuses on four areas:

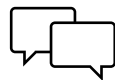
- Equitable Access
- Quality of Care
- Integration of Mental/Behavioral Health into Primary Care
- Workplace Mental Health Support



This important survey should take approximately 15-20 minutes to complete, and can be found here: [Voice of the Purchaser on Behavioral Health Support \(qualtrics.com\)](https://www.qualtrics.com).

We will use the aggregate results to develop research and educational programming to benefit our employer members.

Many thanks to those who have already completed the survey. Should you have any questions about the survey, please contact David Cavalleri, david@flhealthvalue.org.



Employer Member Corner

ACTION ITEM!

Jessica Mason, Assistant Director of Human Resources for the City of Orlando and Florida Alliance Board Secretary/Treasurer, is still looking for feedback from our employer members to the question:



What is your new hire waiting period to join the health plan?

As the labor market has tightened, Jessica and her team have heard that shortening the waiting period may be more common and wanted to see if employers have experienced this issue in Florida.

Any feedback is appreciated, and Jessica will share the results of her inquiry.

Please email Jessica directly at jessica.mason@cityoforlando.net.