



News Notes

• www.LVBCH.com •

Quarterly News & Updates

While the situation with the coronavirus (COVID-19) remains in flux, nothing is more important to the Lehigh Valley Business Coalition on Healthcare than the health and safety of our members, your employees, your families, our community, and our Country. The Coalition's operations and purchasing programs remain committed to providing full services to members.

Whether we are moving into the "new normal" or getting "back to business" our plan is to continue supporting our members, with purchasing programs that increase membership value and an ongoing commitment to providing education and networking opportunities - whether in person or virtual!

Thank you to our employer members and associate members for your ongoing engagement!

We hope you enjoy this latest e-Version of the LVBCH Quarterly News Notes!

[Visit our Website](#)

Welcome Message



Carl Seitz
President, LVBCH

As we reach the mid-point of 2022, we want to thank everyone who was able to join us back in-person at the 42nd Annual Conference. We would also like to extend a special thank you to all of our sponsors, exhibitors, speakers, volunteers, and attendees who contributed to a successful event.

We have also enjoyed seeing you at our Education in the Vineyard series. Special thanks to our partners EyeMed, BeneFIT Corporate Wellness, Express Scripts, Keenan Pharmacy Services, and ELMC Rx Solutions who provided the education at these events. We hope to see you all at the final event in the series: Thursday, August 18 at The Cellar by Stony Run with AmeriHealth Administrators and Health Advocate - please [Register Now](#) if you have not already done so!

We also hope you will join us for our in-person events scheduled for this autumn. More information about these events will be announced soon!

- 1st Annual Legislative Roundtable
 - Friday, September 16
 - At Glasbern Inn
- 5th Annual Documentary Screening - The Color of Care
 - Wednesday, October 5
 - At ArtsQuest

We also remain committed to the health and safety of our members, and will continue to offer opportunities to best meet your needs and interests.

We look forward to seeing you this fall!

Welcome New Members

Please join us in extending a warm welcome to our new Coalition members - We encourage all members to get involved and participate in Coalition activities!

- Big Spring School District
 - Camp Hill School District
 - Capital Area School District
 - Julabo USA
- Mechanics Area School District
 - Morris Black & Sons, Inc
 - West Perry School District

[View All LVBCH Members Here](#)

LVBCH Updates

2021 Annual Report

Lehigh Valley Business Coalition on Healthcare



Employers for Healthcare Value Since 1980

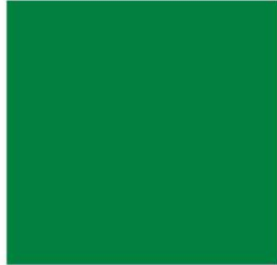
Lehigh Valley Business Coalition on Healthcare

2021 ANNUAL REPORT

[Read the Annual Report](#)

LVBCH Releases 2021 Type 2 Diabetes Report

With a Focus on How Cardiovascular Conditions Can Impact Diabetes Care



TYPE 2 DIABETES REPORT™ LEHIGH VALLEY BUSINESS COALITION ON HEALTHCARE

With a Focus on How Cardiovascular Conditions Can Impact Diabetes Care

9th Edition

The Lehigh Valley Business Coalition on Healthcare (LVBCH) announces the release of the 2020 LVBCH Type 2 Diabetes Report™. The 9th edition of the Report offers a broad overview of the state of diabetes in markets within the Lehigh Valley and throughout the state. State and national benchmarks help identify potential gaps in care and reinforce positive trends. The most recent data, current as of calendar year 2020 and spanning several years, encompass 11.4 million unique patients nationally with a diagnosis of Type 2 diabetes, including almost 538,000 residing in Pennsylvania. LVBCH thanks Sanofi US for their support of this important report.

[Read the Diabetes Report](#)

[Read the Press Release](#)

2022 Spring Hospital Safety Grades

133 Hospitals Graded, 61 Pennsylvania Hospitals Earn "A" Grade

The Lehigh Valley Business Coalition on Healthcare (LVBCH) would like to recognize our local hospital systems and their hospitals that received an "A" including: Geisinger's Geisinger Medical Center, Bloomsburg, Lewistown, Shamokin, and St. Luke's hospitals; Lehigh Valley Health Network's Hazleton and Pocono hospitals; and St. Luke's University Health Network's Allentown, Anderson, Bethlehem, Miners, Monroe, Sacred Heart, and Upper Bucks hospitals.

[Read the Press Release](#)

Upcoming Events

[Register Now](#)



Education in the Vineyard

- Thursday, August 18, 2022
- At the Cellar by Stony Run

[Register Now](#)

1st Annual Legislative Roundtable

- Friday, September 16, 2022
- At the Glasbern Inn

****More information coming soon****



[Register Now](#)



5th Annual Documentary Screening

The Color of Care - Not All Healthcare is Created Equal

- Wednesday, October 5, 2022
- At the ArtsQuest

****More information about this event will be coming soon!****

Register Now

Save-the-Dates

43rd Annual Conference

- Wednesday, May 17, 2023
- At DeSales University

****More information about this event and registration information coming soon****

Employer Forum



All LVBCH Employer Members are invited to participate in this ongoing peer-to-peer

discussion between local employers on the topics most important to you!

Save-the-Date: The next employer forum is scheduled for:

- Thursday, August 11, 2022;
- 8:00 a.m. - 9:00 a.m.
- Via Zoom

For more information or to register please contact Donna Corsi: dmcorsi@lvbch.com.

Recent Events

42nd Annual Conference



Moving Forward in 2022: Employers Working Together to Improve Healthcare Value

- Wednesday, May 11, 2022
- At DeSales University, Center Valley, PA

[Read the Annual Conference Summary](#)

Thank You Speakers & Panelists



Suzanne Delbanco
Catalyst for Payment Reform



Ford Koles
Advisory Board



Bert Alicea
Health Advocate



Dr. Marty Makary
Johns Hopkins University

Suzanne Delbanco:
Building onto a Strong Foundation: Strategies for Taking Health Care Purchasing to the Next Level

[Read the Summary - Suzanne Delbanco](#)

[View the Slides - Suzanne Delbanco](#)

Ford Koles: 2022 State of the Union

[Read the Summary - Ford Koles](#)

[View the Slides - Ford Koles](#)

Bert Alicea: The Importance of Managing Mental Health in the Workplace

[Read the Summary - Bert Alicea](#)

[View the Slides - Bert Alicea](#)

Dr. Marty Makary:

The Grassroots Movement to Re-Design Healthcare: Preparing for the Future of Medicine

[Read the Summary - Dr. Marty Makary](#)

Meet the LVBCH Board Panel Discussion



Moderator:
Joe Huxta
Former Board Chair
Volvo/Mack Trucks



Jack Gross
Gross-McGinley



Rich King
Schlouch Incorporated



Jeannine O'Callaghan
C.F. Martin



Meloney Sallie-Dosunmu
City of Allentown

[Read the Summary - Board Panel](#)

Thank You Annual Conference Sponsors & Exhibitors

Premier Sponsors



Platinum Sponsors



Gold Sponsors



Silver Sponsors



Education in the Vineyard



- Thursday, June 16, 2022
- At Folino Estates

Thank You Presenters



Education in the Vineyard



- Thursday, July 14, 2022
- At Weathered Vineyards

Thank You Presenters



EXPRESS SCRIPTS®



KPCM



ELMC Rx Solutions

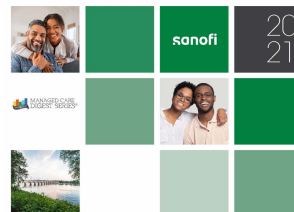
Diabetes Report Webinar

Type 2 Diabetes in the Lehigh Valley: Highlights from the LVBCH Type 2 Diabetes Report

- Wednesday, June 1, 2022

Thank You Presenters

- Kerry Desai, Pharm D
- Jake Olsen, Forte



TYPE 2 DIABETES REPORT™
LEHIGH VALLEY BUSINESS COALITION ON HEALTHCARE
With a Focus on How Cardiovascular Conditions Can Impact Diabetes Care

9th Edition

National Alliance of Healthcare Purchaser Coalitions (NAHPC) Updates



LVBCH partners with the National Alliance of Healthcare Purchaser Coalitions to drive innovation, health, and value through the collective action of public and private purchasers. Together, both organizations seek to accelerate the nation's progress toward safe, efficient, high-quality healthcare and the improved status of the American population.

WEBINAR - Employer Town Hall: Better Health Now: Advancing Primary Care

EMPLOYER TOWN HALL
Better Health NOW: Advancing Primary Care
August 4, 2022 | 2 p.m.-3 p.m. (ET)

REGISTER

See Primary Care Resources
in section below!

We need strong primary care in every community so we all have better access to health. The Primary Care Collaborative's **Better Health — NOW** campaign is a way to make this vision a reality.

This webinar will help unify and engage diverse stakeholders in promoting policies and sharing best practices that support adoption and growth of high-performing primary care.



Scott Conard, MD
Converging Health



Ann Greiner
Primary Care Collaborative



Melina Kambitsi, PhD
The Alliance



Shawn Martin
American Academy of Family Physicians



Lucy McDermott
Purchaser Business Group on Health



Alin Severance, MD
UPMC Health Plan



Mike Thompson
National Alliance

[More Information & Register Now](#)

WEBINAR -

Complimentary Webinar

5 Tenets to Managing Health in an Uncertain "Vuca" Environment

August 17, 2022 | 1 p.m.-2 p.m. (ET)

REGISTER

Organizations can help employees thrive, despite the fact that we are living in an era charged with volatility, uncertainty, complexity, and ambiguity (VUCA).



Physician executives will prepare employers to lead with decisiveness and empathy and renew their focus on giving employees the tools and resources needed to take control of their health and wellbeing in five key areas.



Scott Conard, MD
Converging Health



Sharon Eloranta, MD
Washington Health Alliance



Ray Fabius, MD
HealthNEXT



Mike Thompson
National Alliance of Healthcare Purchaser Coalitions

[More Information & Register Now](#)

2022 Annual Forum

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

ANNUAL FORUM

NOVEMBER 7-9, 2022

Crystal Gateway Marriott
Arlington, VA 22202

[More Information & Register Now](#)

Employer Members receive complimentary registration:

Email Amanda Greene - agreene@lvbch.com for registration code.

COVID-19 Post-Crisis

ACTION BRIEF SPECIAL FEATURE FOR EMPLOYEES WORKING WELL DURING THE POST-CRISIS COVID-19 ERA

The pandemic is not over.

The COVID-19 pandemic comes in waves of viral variants. In the fall and winter of 2022-23, the United States could see another significant wave of 100 million consecutive infections, driven by new omicron subvariants.

We have tools and oral treatment options to prevent work disruption, severe illness, and death.

We soon have hope to cope with the ongoing pandemic. Wear a mask in public and maintain social distance when possible, wash hands or use hand sanitizer often, get vaccinated and boosted, test frequently and get care quickly if you test positive.

Testing is readily available.

Find a testing site near you at www.hhs.gov or get free at-home test kits at www.cdc.gov/Tests. Through the US government's Test-to-Treat program, people can get tested for COVID-19 and, if positive and at risk for serious illness, get treatment in one location. Visit www.test2treat.gov to find a center near you.

• If you test positive at home: Those with mild to moderate illness and risk factors—which includes most US adults—should have a video or in-person doctor visit right away. Oral prescription drugs must be started within five days of symptom onset to prevent serious illness, hospitalization and death.

• If you test negative, return to normal activities. If you are not vaccinated or your vaccine is not up to date, get your free vaccination or booster as soon as possible. Those who are not up to date on the COVID-19 vaccine and were exposed to someone with the disease are advised to quarantine for five days.

Vaccines work.

According to the CDC, COVID-19 vaccines help protect those ages 6 months and older from getting infected and severely ill. They also greatly reduce the chance of hospitalization and death. Chances of hospitalization are 10 times greater for those who are not vaccinated.

COVID Vaccines for Children Under 5: What Parents Need to Know

Children 6 years and older can receive the safe, effective, non-egg Pfizer BioNTech and Moderna mRNA vaccines. Since the pandemic began, there have been over 2 million cases, 20,000 hospitalizations, and 200 deaths due to COVID-19 in children under age 5. To keep your children safe, the CDC recommends the COVID-19 vaccine for children 6 months and older.

Learn more: www.cdc.gov/childrenandteens



View and share with employees the National Alliance COVID-19 Lessons Learned® video.



REASONS TO GET TESTED

- ▶ If you have COVID-19 symptoms
- ▶ Five days after known or suspected close contact with someone who has COVID-19
- ▶ For screening (schools, workplaces, congrega settings, etc.)
- ▶ Before and after travel
- ▶ If you will be spending time with people at high-risk for serious COVID-19 illness (elder adults, people with chronic conditions, pregnant people, people with immune system problems)

TWO TYPES OF TESTS

Molecular tests, such as PCR (polymerase chain reaction)

- ▶ Fast, and the most accurate test available
- ▶ Find evidence of disease in the earliest stages of infection
- ▶ PCR tests for COVID-19 work are given through a blood test or nasal swab

Antigen tests, often call rapid tests

- ▶ FDA authorized for self-testing at home
- ▶ You collect your own sample with a nasal swab, perform the test, and read the result yourself
- ▶ Check for an expiration date on the package

Source: Centers for Disease Control and Prevention



ACTION BRIEF Employer Strategies that Drive Health, Equity and Value



COVID-19 POST-CRISIS PLANNING FOR EMPLOYERS

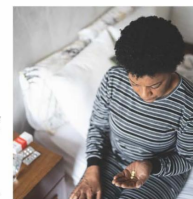
ACHIEVING BETTER HEALTH FOR PEOPLE, ORGANIZATIONS AND COMMUNITIES

ACTION STEPS FOR EMPLOYERS:

1. Understand the health risks and opportunities for the employee population.
2. Encourage mental and financial health conversations.
3. Involve employees from multiple affinity groups in benefit design.
4. Partner with community health organizations to expand access to care and enhance emergency preparedness.
5. Build trust by educating and involving employees as you navigate the post-pandemic environment together.

The COVID-19 pandemic has upended work and employee health, resulting in short- and long-term consequences:

- ▶ **Mental health challenges:** Profound increases in PTSD, depression and addiction risk.
- ▶ **Missed and delayed preventive and ongoing care:** In 2021, 80% of healthcare appointments held by older adults were postponed or canceled for pandemic-related reasons.
- ▶ **Long COVID-19:** A review of mostly acute COVID-19 survivors found that at least 50% face lingering symptoms of varying severity, most of these people lack access to specialty treatment facilities and services.



The pandemic is not over. Waves of variants and sub-variants are keeping the disease active, further disrupting employee mental and physical health and wellbeing. The use of preventive measures—such as testing, hand washing, social distancing, and facemasks—is

inconsistent. Although there are treatments available for those at risk of significant illness—which includes most US adults—they must be administered within the first five days of symptom onset to prevent serious illness, hospitalization and death.

Complete eradication of this virus is unlikely, and downstream consequences for the overall health of employees will continue to emerge, particularly for racial, ethnically, and culturally diverse individuals and communities which are disproportionately affected by COVID-19. The best preparation for employers is to continue learning and adapting. The employer action steps offered here create a framework for COVID-19 post-crisis planning.

"We've only eradicated one infectious disease, and that's smallpox. That's not going to happen with COVID-19. Scientists don't know exactly how the pandemic will finally play out."

—Dr. Anthony Fauci
White House chief medical advisor and director of the National Institutes of Allergy and Infectious Diseases



Understanding Health Equity

ACTION BRIEF Employer Strategies that Drive Health, Equity and Value



UNDERSTANDING HEALTH EQUITY IN THE WORKPLACE



Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires removing obstacles to care and systems of support. This includes poverty, discrimination, and their consequences—including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

ACTION STEPS FOR EMPLOYERS:

1. Understand health inequities and their impact on the workforce.
2. Create a framework for health equity strategy built on this new understanding.
3. Forge key partnerships with health and wellbeing experts to reinforce strategies.
4. Seek employee input, support and engagement as part of strategy development.

For a deeper dive on gathering data, using data to assess and prioritize, developing and executing a vision, and measuring and sustaining gains, see the National Alliance Report, "Leading by Example and Moving Health Care Together." The accompanying Action Brief is also available.

"Of all the forms of inequality, injustice in health care is the most shocking and inhuman."

—Rev. Dr. Martin Luther King, Jr., 1968

ways that address the impact of social determinants of health. Positive social determinants of health include:

- ▶ Safe housing, transportation and neighborhoods.
- ▶ Absence of racism, discrimination and violence.
- ▶ Education, job opportunities, and income.
- ▶ Access to nutritious foods and opportunities for physical activity.
- ▶ Clean air and water.
- ▶ Language and literacy skills.

The prevalence of adverse social determinants of health poses a significant challenge: 68% of patients face at least one social determinant of health challenge.

Because the issues of health equity are complex, progress in addressing health equity has been slow. A study published in the journal JAMA Open Network examined 25 years of CDC research and found a lack of progress on health equity.

"It is important for employers to realize that health care disparities and inequity exist not only in the uninsured/underinsured populations. They are also present in the commercially insured population."

—Wayne Swartz, MD, WellSpan Health



ACTION BRIEF SPECIAL FEATURE FOR EMPLOYEES UNDERSTANDING HEALTH EQUITY

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This is more than just health benefits. It also requires using workplace and community resources to remove blocks to health such as poverty, discrimination, poor quality education and housing, unsafe environments, and inferior healthcare.

What is Health Equity?



What Does Helpful Healthcare Look Like

Meeting Patients Where They Are Leads to Better Chronic Pain Management

About 16 million Americans suffer from chronic pain, yet there are very few options to treat it. Surgery and medication don't work very well and can even make pain worse or result in opioid addiction. Patients living with chronic pain who have lower education, literacy, and working memory gained more benefit from cognitive behavioral therapy (CBT or "talk therapy") for chronic pain than pain psychoeducation groups (EDU or "education and information"). Personalized group CBT and EDU interventions adopted for patients with limited reading skills and delivered at low-income clinics significantly improved pain and physical function compared with usual care.

- ▶ Watch a video
- ▶ Read the PCORI study
- ▶ Read "What is Health Equity?"

If you do not understand your benefits, you likely are not getting the most value from them. If you need the materials in your native language, ask your health plan for translation help. The phone number and website address are on your health plan member ID card.



Health Policy in Transit

Transparency Requirements in Consolidated Appropriations Act

April 13, 2022



Health Policy in Transit
A Purchaser Viewpoint

Transparency Requirements in the Consolidated Appropriations Act

The Departments of Labor, Health and Human Services (HHS) and the Treasury released the Transparency in Coverage (TIC) Final Rules on November 12, 2020. The TIC Final Rules set forth requirements for all group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request to a participant, beneficiary, or enrollee. Following publication of these final rules, the Consolidated Appropriations Act of 2021 (CAA) was signed into law on December 27, 2020. The CAA requirements are largely duplicative of several components of the TIC Final Rules. HHS has stated that until regulations are published, whether they be in the form of a proposed rule or interim final rule, plans are to make every good faith effort to comply with the requirements in the TIC regulations.

The TIC Final Rules created a comprehensive set of requirements for plan and issuer disclosure of estimated cost-sharing information through an online tool, and in paper form, upon request. These requirements for the disclosure of cost-sharing information would allow a participant, to request cost-sharing information for a discrete covered item or service by billing code or descriptive term, according to the participant's request.

Further, the TIC Final Rules require a plan sponsor to provide cost-sharing information for a covered item or service in connection with an in-network provider or providers, or an out-of-network allowed amount for a covered item or service provided by an out-of-network provider, according to the participant's request, permitting the individual to specify the information necessary for the plan sponsor to provide meaningful cost-sharing information.

The regulations and statutes both apply to all non-grandfathered group and individual market plans. This includes all self-insured and fully-insured employer plans. The requirements do not apply to health reimbursement arrangements or other account-based group health plans, nor do they apply to short-term limited duration plans as defined in the Internal Revenue Code.

The TIC final rule requires compliance by January 1, 2022; however, HHS exercised its enforcement discretion and has now indicated that these provisions will be enforced beginning July 1, 2022.

The requirements of the TIC rule will be phased in in three stages:

In the first phase, health plans are required to disclose hospital pricing information. The first phase consists of posting on a public website two machine-readable files:

- one containing rates for all covered items and services between the plan or issuer and all in-network providers
- One containing all allowed amounts for, and billed charges from, out-of-network providers.

These requirements apply to plan years beginning on or after January 1, 2022, and will now be enforced beginning July 1, 2022.

The second phase, currently slated to go into effect in 2023, consists of an internet-based comparison tool allowing patients to receive estimates of their cost-sharing responsibilities for 500 shoppable items or services from a specific provider(s).

The third phase, to go into effect in 2024, is to expand the internet-based tool to all items and services. All information must be provided, upon request, in paper form and requests by phone must be accommodated. The Department of Labor has published a set of FAQs on the TIC and CAA coverage transparency requirements.

National Alliance of Healthcare Purchaser Coalitions is a national, non-profit, membership association of employer-led coalitions across the country collectively serving 31.0M purchasers and 15 million Americans.

www.nationalalliancehealth.org

Read Transparency in CAA

Employer-Sponsored Coverage Post-Roe

July 20, 2022



Health Policy in Transit
A Purchaser Viewpoint

Health Policy in Transit Employer-sponsored Coverage Post-Roe (including travel)

This Health Policy in Transit provides a high-level summary of what employers should consider when navigating the various laws and regulations affecting the recent change in the federal constitutional right to an abortion following the U.S. Supreme Court's decision in *Dobbs vs. Jackson Women's Health Organization*.

There is no requirement in ERISA or any federal regulation that an employer plan covers abortion or related services, including travel. Employer-sponsored plans are allowed to cover abortion and any related services of their own choosing. In fact, these plans must cover care for essential health services, including medically necessary pregnancy care and abortion when carrying a pregnancy to term would endanger a patient's life. Under the Pregnancy Discrimination Act of 1978, pregnancy and prenatal care, including high-risk pregnancies, and obstetric care in general are required to be covered.

The question of whether an ERISA plan must cover abortion is not the same as whether abortion is allowed in a state, per state law or constitution. Also uncertain is whether state laws will take aim at employers that offer benefits, including travel or telehealth, for abortion services. Although all state laws that currently restrict abortion include an exception to save the life of the mother, what constitutes a life-threatening scenario is not always clear. Laws that restrict abortion generally apply to the medical provider and sometimes those who "aid or abet" the abortion. Some states, including Texas, allow private citizens to sue anyone who provides an illegal abortion or helps a person access an abortion. The legal question of whether an employer who covers an abortion and/or travel costs has "aided or abetted" a plan enrollee is very much unanswered.

Whether and how these state laws will be applied to employers will undoubtedly end up in the courts. There are also a host of unanswered questions about whether states that restrict abortion will have the legal authority to target abortion coverage in employer plans. The issues will likely be brought before both state and federal courts for years to come. As employers continue to navigate this uncertainty, they should continue checking in with their vendors to ensure compliance with state laws and regulations, and keep a close eye on legal and regulatory developments at the state level.

Regarding coverage for travel, if an enrollee or family member cannot access abortion in their home state, the landscape is murky and employers have many decisions to make. Several very large, national employers have already offered to cover travel for their enrollees, but providing that coverage is not as straightforward as it sounds.

Employers must determine whether enrollees will access this benefit through the health plan or some other reimbursement method and how broadly travel benefits will apply. Protecting privacy may also be an issue along with determining how these approaches may conflict with other rules.

For example:

- If an employer covers travel for an abortion but not for an eating disorder does that violate Mental Health Parity?
- If a plan has no providers willing or able to provide abortions, does it violate network adequacy rules?

As these questions remain unanswered, employers should work very closely with advisors to consider how to offer these benefits. The recent NERGH webcast with [Eustein Becker Green](#) may also be helpful.

National Alliance is a nonprofit, purchaser-led organization whose members represent private and public sector, nonprofit, and faith-based organizations, and more than 45 million Americans spending over \$300 billion annually on healthcare.

www.nationalalliancehealth.org

Read Coverage Post-Roe

Mental Health Access and Parity

Mental Health Access and Parity Recommendations for Plan Sponsors

07.27.22.1500

Path Forward: Mental Health Access and Parity Recommendations for Plan Sponsors*

Require your TPA to:

Network Adequacy & Access

- Provide MDRF data, for network adequacy evaluation:

MDRF Summary Complete MDRF

Why / TPA Pushback

- Assist employer in organizing an "access" survey (e.g., search times, wait times) by an independent entity

Why / TPA Pushback

Collaborative Care (CoCM)

- Waive "out-of-pocket" CoCM expenses Why / TPA Pushback

- Eliminate limits on use of code 99494 Why / TPA Pushback

Tele-behavioral Health (TBH)

- Reimburse audio-only and audio-video MH/SUD sessions at the same level as in-person visits

Why / TPA Pushback

Measurement Based Care (MBC)

- Submit letters to accreditation agencies urging that use of MBC be a requirement for accreditation of all providers (in and out-of-network) delivering quality MH/SUD care

Why / TPA Pushback

Mental Health and Substance Use Parity

- Provide detailed assessment of MH/PAEA parity compliance for NGLTs according to the DOL April 2, 2021 FAQs about MH/PAEA and the CAA

Why / TPA Pushback

- Provide additional indemnity to employer generally in format of the Model Hold Harmless Language which addresses MH/PAEA parity compliance with respect to only those matters under the control of the TPA

Why / TPA Pushback



Read the Recommendations

*This document may be updated – a current version is here. 1

**MEMBERS OF THE
NATIONAL ALLIANCE
OF HEALTHCARE
PURCHASER
COALITIONS**

Alabama Employer Health Consortium
Business Health Care Group (BHC)
California Health Care Coalition
Central Texas Business Group on Health
Colorado Business Group on Health
Connecticut Business Group on Health
CPIA Business Group on Health
Employer Advanced Cooperation on HealthCare (EACH)
Employers' Trade of Indiana
Employers Health Coalition of Idaho
Employers' Lien Act (ELA)
Florida Alliance for Healthcare Value
FrontPath Health Coalition (FHC)
Greater Philadelphia Business Coalition on Health
Health Services Coalition (HSC)
Healthcare Purchaser Alliance of Maine
HealthCare21 Business Coalition (HC21)
Houston Business Coalition on Health
Kansas Business Group on Health
Kentucky Health Collaborative
Lehigh Valley Business Coalition on HealthCare
Memphis Business Group on Health
Mid-America Coalition on Health Care (MAC)
Midlands Business Group on Health
Midwest Business Group on Health
Mississippi Business Group on Health
Montana Association of Health Care Purchasers
Nevada Business Group on Health
New Hampshire Purchaser Group on Health
New Mexico Coalition for Healthcare Value
North Carolina Business Group on Health
Northwest Business Group on Health
Purchaser Business Group on Health
Pittsburgh Business Group on Health
Rhode Island Business Group on Health
San Diego Purchaser's Cooperative
Severnack Business Group on Health
Silicon Valley Employers Forum
St. Louis Area Business Health Coalition
The Alliance (THA)
The Economic Alliance for Michigan
Virginia Business Coalition on Health
Washington Health Alliance
WASHDC Area Business Health Coalition on Health

July 28, 2022

Subject: Plan Sponsor Mental Health Access to Care and Parity Recommendations

Employers for years have been concerned about the access to quality mental health services available through their TPAs. More recently, they have been challenged by DOL requirements to ensure compliance with the Mental Health Parity and Addiction Equity Act. This [particular requirement](#) has been accelerated as a result of the Consolidated Appropriations Act, 2021 (CAA).

The National Alliance and The Path Forward for Mental Health and Substance Use team have developed a series of recommendations consistent with both of these concerns: [Plan Sponsor Mental Health Access and Parity Recommendations](#).

While some employers have taken extraordinary steps to supplement access, these still may not be adequate to satisfy fiduciary requirements related to MHPAEA and CAA. While DOL guidance is still very broad related to these requirements, we believe that employers and other plan sponsors who implement the attached recommendations should be viewed favorably as acting in good faith regarding their fiduciary responsibilities.

To improve your plan performance related to mental health access and parity oversight, we recommend that each plan sponsor review in detail these recommendations and exercise them with their TPA(s). While we appreciate the complexity of some of the issues associated with MH/SU, we also highly recommend that coalitions and plan sponsors across the country act uniformly and collectively to assess and, as appropriate, insist on TPA improvement plans consistent with these recommendations.

Sincerely,



Michael Thompson
President & CEO

[Read the Cover Letter](#)

988 Suicide & Crisis Lifeline

988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.



SPECIAL ANNOUNCEMENT



The 988 Lifeline

988 is now active across the United States. This new, shorter phone number will make it easier for people to remember and access mental health crisis services. (Please note, the previous 1-800-273-TALK (8255) number will continue to function indefinitely.) Click below to learn more about 988.

[LEARN MORE](#)



The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

[ABOUT THE LIFELINE](#)

The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline



988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.

[LEARN MORE ABOUT THE LIFELINE & 988](#)

Leapfrog Updates



LVBCH continues to develop its relationship with the Leapfrog Group, serving as a Regional Leader. In this role, LVBCH invites and encourages hospitals across Pennsylvania to complete the annual Hospital Survey that assesses hospital safety, quality, and efficiency based on national performance measures.

Webinar: CAA Compliance Series

Many employers don't realize that the new Consolidated Appropriations Act (CAA), a federal law, is now in effect and has a seismic shift on their liability. For the first time, employers and other purchasers, not

TPAs, are on the hook for health benefits that are cost-effective, high quality, and meet mental health parity and pharmacy benefit requirements.

Learn about your CAA responsibilities in the Leapfrog Compliance Webinar Series. Join for tips and tools for getting started from series partners: the ERISA Industry Committee (ERIC), the Health Transformation Alliance (HTA), and the National Alliance of Healthcare Purchaser Coalitions.

Session 4: Employers & Purchasers: It's Time to Refresh Your Contracts with Consultants & Brokers in Light of CAA

[Watch the Recording](#)

[Slides and Broker/Consultant Re-Evaluation Toolkit](#)

2022 Excellence in Diagnosis Report

FIRST-OF-ITS-KIND REPORT OUTLINES 29

RECOMMENDATIONS FOR DIAGNOSTIC EXCELLENCE



**RECOGNIZING
EXCELLENCE IN
DIAGNOSIS:
RECOMMENDED
PRACTICES FOR
HOSPITALS**

THELEAPFROGGROUP
Giant Leaps for Patient Safety

[Read the Press Release](#)

[Read the Report](#)

2022 ASC Survey Results



KEY UPDATES FOR ASCS

2022 LEAPFROG ASC SURVEY RESULTS ARE LIVE!

[View the Survey Results](#)

2022 Hospital Survey Results



KEY UPDATES FOR HOSPITALS

2022 LEAPFROG HOSPITAL SURVEY RESULTS ARE LIVE!

[View the Survey Results](#)

2022 Money's Best Hospital Designation

The Best Hospitals in America

Hospitals play a crucial role in keeping us healthy... even if it's not exactly fun when you have to make an unplanned visit to one. A stay at the hospital is made great by several factors, all of which can impact your wallet: quality, safe care, a reputation for excellent patient experiences and an ethical approach to treatment.

Money teamed up with The Leapfrog Group, a health care nonprofit, to bring you our first-ever Best Hospitals ranking to help you make educated decisions about which institutions are best for your money.

Read on to see our picks for the Best Hospitals in America and learn more about the methodology we used to make these selections.



ASCS/HOSPITALS THAT SUBMIT LEAPFROG SURVEYS ELIGIBLE FOR FUTURE DESIGNATIONS BY MONEY



[Learn More & View the List](#)

2022 Spring Hospital Safety Grades

SPRING 2022 HOSPITAL SAFETY GRADE HIGHLIGHTS PANDEMIC-ERA DECLINES IN PATIENT SAFETY



LEAPFROG
HOSPITAL
SAFETY GRADE
A B C D F

[Read the National Press Release](#)

[View the Safety Grade Results](#)

Pennsylvania Health Care Cost Containment Council (PHC4) Updates

Opioid Analysis

Statewide Trends (May 2022)

Statewide Trends

- Between FY 2017 and FY 2019, the number of hospitalizations for opioid overdose decreased from 3,678 to 2,541—a 30.9% decrease.
- The county rates for opioid overdose include admissions for both heroin overdose and pain medication overdose. Of the 2,541 statewide hospitalizations for opioid overdose in FY 2019, 41.4% (1,051) were for heroin overdose and 58.6% (1,490) were for pain medication overdose.
- While county rates are not reported separately for heroin overdose and pain medication overdose, the statewide number of heroin overdose admissions dropped 44.5%, from 1,893 in FY 2017 to 1,051 in FY 2019. The number of pain medication overdose admissions decreased 16.5% between FY 2017 and FY 2019 (from 1,785 to 1,490).
- In FY 2019, there were 31,231 hospitalizations with a diagnosis of opioid use disorder, a 6.9% decrease from the 33,532 hospitalizations in FY 2017.
- In FY 2019, there were 2,627 maternal hospital stays involving opioids, for a rate of 19.5 per 1,000 maternal stays. The rate during the previous two-year period (FYs 2017-2018) was also 19.5 per 1,000 maternal stays.
- In FY 2019, there were 1,733 hospital stays for newborns with neonatal abstinence syndrome, for a rate of 13.8 per 1,000 newborn stays. The rate during the previous two-year period (FYs 2017-2018) was 14.8 per 1,000 newborn stays.

Fiscal Year (FY) includes discharges July 1 to June 30; for example, FY 2019 includes discharges July 1, 2018 to June 30, 2019.



Pennsylvania Health Care Cost Containment Council

[Read the Report](#)

Hospitalizations for Newborns with Neonatal Abstinence Syndrome (May 2022)

Maternal Hospital Stays Involving Opioids (May 2022)

Hospitalizations for Newborns with Neonatal Abstinence Syndrome

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued study of the opioid crisis in the midst of the COVID-19 pandemic is particularly important for monitoring changes, subsequent to the coronavirus outbreak, in the occurrence of neonatal abstinence syndrome (NAS) cases. The stress and isolation commonly experienced during this pandemic could affect patterns of opioid use in pregnant women with an opioid use disorder. NAS is an array of withdrawal symptoms that develops soon after birth in newborns exposed to addictive drugs (e.g., opioids) while in the mother's womb. The newborns experience these symptoms of withdrawal because they are no longer exposed to the drug for which they have become physically dependent.

The data reflects newborn birth admissions occurring in Pennsylvania general acute care hospitals for Pennsylvania residents. The results below focus on newborn stays with NAS.

Neonatal Abstinence Syndrome – FY 2019
Number and Rate per 1,000 Newborn Stays, by County of Residence

	FY 2019			FY 2019	
	Number of NAS Stays	Rate per 1,000 Newborn Stays		Number of NAS Stays	Rate per 1,000 Newborn Stays
Statewide	1,733	13.8	Clinton	NR	18.5
Adams	NR	8.6	Columbia	NR	11.3
Allegheny	216	17.2	Crawford	25	30.3
Armstrong	16	28.8	Cumberland	25	10.3
Beaver	26	17.0	Dauphin	22	7.0
Bedford	NR	16.5	Delaware	89	14.1
Berks	44	10.1	Elk	NR	34.4
Blair	35	31.7	Erie	29	10.5
Bradford	NR	10.0	Fayette	45	38.7
Bucks	63	13.9	Forest	NR	NR
Butler	23	13.2	Franklin	27	20.3
Cambria	17	14.2	Fulton	NR	NR
Cameron	NR	NR	Greene	11	NR
Carbon	NR	13.8	Huntingdon	NR	8.0
Centre	NR	4.8	Indiana	17	24.3
Chester	48	10.2	Jefferson	NR	11.8
Clarion	NR	6.2	Junata	NR	NR
Clearfield	14	20.4	Lackawanna	37	18.2

(Continued on next page)

[Read the Report](#)

Maternal Hospital Stays Involving Opioids

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued study of the opioid crisis in the midst of the COVID-19 pandemic is particularly important for mothers and their unborn babies. Many pregnant women with an opioid use disorder have other health conditions that may put them at greater risk of developing severe illness from COVID-19. Furthermore, they may lack adequate prenatal care or may be burdened with other socioeconomic challenges such as homelessness, food insecurity or poverty.

Maternal stays include Pennsylvania residents (age 12-55 years) admitted to a Pennsylvania general acute care hospital for a delivery or other pregnancy-related stay. The results below focus on maternal stays that involved opioid use.

Maternal Hospital Stays Involving Opioid Use – FY 2019
Number and Rate per 1,000 Maternal Stays, by County of Residence

	FY 2019			FY 2019	
	Number of Maternal Stays with Opioid Use	Rate per 1,000 Maternal Stays		Number of Maternal Stays with Opioid Use	Rate per 1,000 Maternal Stays
Statewide	2,627	19.5	Clinton	10	29.2
Adams	12	13.7	Columbia	13	22.9
Allegheny	319	23.5	Crawford	40	45.0
Armstrong	28	46.9	Cumberland	25	9.7
Beaver	40	24.6	Dauphin	27	7.9
Bedford	15	37.9	Delaware	137	20.2
Berks	48	10.0	Elk	17	60.5
Blair	32	27.5	Erie	56	18.9
Bradford	NR	7.3	Fayette	42	33.6
Bucks	106	22.1	Forest	NR	NR
Butler	33	17.7	Franklin	29	20.8
Cambria	46	35.7	Fulton	NR	NR
Cameron	NR	NR	Greene	12	NR
Carbon	12	21.9	Huntingdon	NR	22.5
Centre	NR	6.4	Indiana	36	48.3
Chester	64	13.1	Jefferson	13	28.4
Clarion	11	31.4	Junata	NR	NR
Clearfield	41	56.7	Lackawanna	27	12.4

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Hospitalizations with Opioid Use Disorders (May 2022)

Hospitalizations for Opioid Overdose (May 2022)

Hospitalizations with Opioid Use Disorder

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued focus on the opioid crisis in the midst of the COVID-19 pandemic is particularly important as people struggling with opioid use disorder, who often have other chronic health or socioeconomic issues, are at higher risk for developing the severe respiratory symptoms associated with COVID-19. Additionally, the stress and isolation commonly experienced during this pandemic could affect treatment and recovery as well as increase the risk of relapse.

The hospitalization rates reported include Pennsylvania residents, age 15 and older, who were admitted to a Pennsylvania general acute care hospital with opioid use disorder during fiscal year (FY) 2019: July 1, 2018 through June 30, 2019.

Hospitalizations with Opioid Use Disorder per 100,000 County Residents, FY 2019

	FY 2019			FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations		Number of Hospitalizations	Rate of Hospitalizations
Statewide	31,231	294.0	Clinton	82	254.5
Adams	150	174.4	Columbia	93	166.3
Allegheny	3,375	327.8	Crawford	237	334.9
Armstrong	173	315.1	Cumberland	245	117.1
Beaver	383	276.9	Dauphin	364	161.5
Bedford	49	120.7	Delaware	1,735	375.1
Berks	793	231.1	Elk	134	527.5
Blair	295	289.7	Erie	154	336.3
Bradford	53	106.7	Fayette	461	419.0
Bucks	1,344	256.1	Forest	NR	NR
Butler	427	271.6	Franklin	242	191.4
Cambria	356	320.7	Fulton	12	98.8
Cameron	22	569.4	Greene	75	244.8
Carbon	346	639.0	Huntingdon	54	140.0
Centre	94	65.9	Indiana	146	203.0
Chester	778	182.8	Jefferson	117	324.4
Clarion	51	155.5	Junata	25	123.6
Clearfield	300	444.1	Lackawanna	414	236.5

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Hospitalizations for Opioid Overdose

Fiscal Year (FY) 2019: July 1, 2018 to June 30, 2019

The continued focus on the opioid crisis in the midst of the COVID-19 pandemic is particularly important for people who experience an opioid overdose. These individuals, who often have other chronic health problems or socioeconomic issues, are more likely to suffer from the severe respiratory symptoms associated with COVID-19. Additionally, the stress and isolation commonly experienced during this pandemic increase the likelihood of an overdose occurring.

The hospitalization rates reported include Pennsylvania residents, age 15 and older, who were admitted to a Pennsylvania general acute care hospital for opioid overdose during fiscal year (FY) 2019: July 1, 2018 through June 30, 2019. This analysis does not include overdoses that did not result in a hospital admission (e.g., those treated with naloxone and/or treated in the emergency department and not admitted to the hospital or overdose deaths that occurred outside the hospital setting).

Hospitalizations for Opioid Overdose per 100,000 County Residents, FY 2019

	FY 2019			FY 2019	
	Number of Hospitalizations	Rate of Hospitalizations		Number of Hospitalizations	Rate of Hospitalizations
Statewide	2,541	23.9	Clinton	NR	NR
Adams	13	15.1	Columbia	11	19.7
Allegheny	239	23.2	Crawford	15	21.2
Armstrong	NR	NR	Cumberland	39	18.6
Beaver	36	26.0	Dauphin	48	21.3
Bedford	NR	NR	Delaware	134	29.0
Berks	84	24.5	Elk	NR	NR
Blair	25	24.6	Erie	46	20.5
Bradford	NR	NR	Fayette	31	28.2
Bucks	107	28.8	Forest	NR	NR
Butler	23	14.6	Franklin	14	11.1
Cambria	22	19.8	Fulton	NR	NR
Cameron	NR	NR	Greene	NR	NR
Carbon	15	27.7	Huntingdon	NR	NR
Centre	NR	NR	Indiana	10	13.9
Chester	75	17.6	Jefferson	NR	NR
Clarion	NR	NR	Junata	NR	NR
Clearfield	15	22.2	Lackawanna	28	16.0

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COVID-19

COVID-19 Disaster Emergency Report (July 2022)

COVID-19 Disaster Emergency Report

Pennsylvania Health Care Cost Containment Council

A Pennsylvania report on the effect of the COVID-19 disaster emergency on hospitals and health care facilities in the Commonwealth

Submitted to:

The Secretary of the Department of Health and the Secretary of the Department of Human Services.

The Chair and Minority Chair of the Appropriations Committee of the Senate and the Chair and Minority Chair of the Health and Human Services Committee of the Senate.

The Chair and Minority Chair of the Appropriations Committee of the House of Representatives, the Chair and Minority Chair of the Health Committee of the House of Representatives and the Chair and Minority Chair of the Human Services Committee of the House of Representatives.

July 2022



Pennsylvania Health Care Cost Containment Council
Barry D. Buckingham, Executive Director
225 Market Street, Suite 400, Harrisburg, PA 17101
717-232-6787 • www.phc4.org

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Purchasing Partner Employer Meetings

Guest Articles from Purchasing Partners



Mental Health and Work: What You
Should Know and How Capital
Blue Cross Can Help

A Guide to Impacts of the
Consolidated Appropriations Act
and the Transparency in Coverage
Rule



Achieving Better Balance Through
Hybrid Health Care; Disconnect
Between Interest and Investment in
Behavioral Health; Call to
Collaborate on Access and
Affordability; Looking Ahead



PBMs Targeted by
Government to Lower Drug
Prices



Don't Let Summer Become a
Dental Bummer



Supporting Your Employees'
Mental Health in Changing
Times

10 Most Surprising FSA-
Eligible Purchases

Tips to Help Your Employees
Optimize Their FSA Funds

Ultimate Guide to Using Your HSA for Retirement Investing

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