

GROUPSCOOP

Important news and updates from your benefits professionals

Vol. 2018, Iss. 03

This Issue

Financial Wellness Benefits

With so many employees needing guidance, it may be time to help.

Association Health Plans

Final rules set the stage for how small businesses can benefit.

Telemental Health

An important new application for telemedicine.

Fighting Depression

Awareness of mental health issues are increasing.

Trends, News, Updates and More Inside!

Keep Informed

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Join Us for DG Solutions Day

Mohegan Sun Casino | Uncasville, CT 06382 | October 5, 2018, 8:00 am – 3:00 pm

Please join us on October 5th, as we work together to take control of healthcare costs. The talented speakers on our agenda will help you learn what's really working to bring change and transparency to healthcare. Here are our featured speakers:

What's Working in Reference Based Pricing?

Steve Kelly, Co-Founder & CEO, ELAP Services, Inc.

Too Many PBMs, Too Few Solutions

Chris Robbins, CEO, Arxcel, Inc.

Aligning Incentives to Lower Costs, Improve Outcomes

Matthew Lee, Vice President of Strategic Partnerships, EmpiRx

Designing a Win-Win Health Plan

Adam Russo, Esq., Co-Founder & CEO, Phia Group, LLC

Impacting Cost & Care with Disease Management

Nancy Blough, JD, MBA, MSOD & Mike Goodman, American Health Data Institute (AHD)

Easing the Compliance Burden

Dave Follansbee, VP of Operations & Compliance, Diversified Group

Economies of Scale for Small Businesses



In late June, the Department of Labor introduced final rules on Association Health Plans (AHP), which will allow bonafide associations to offer healthcare plans to member companies. While we had hoped for a different approach to regulating these plans, association health plans will be regulated by states as MEWAs.

According to the final rules, an association that wants to establish a healthcare plan must already exist for another purpose. In other words, an association

cannot be formed for the exclusive purpose of offering healthcare plans to its members. Another stipulation is that new self-funded association health plans cannot be established until April 1, 2019.

Association Health Plans will be exempt from the federal mandate on essential health benefits, but will remain consistent with popular Obamacare rules such as coverage of pre-existing conditions and bans on lifetime limits.

While reserve requirements will vary from state to state, we expect that these plans will be quite costly to establish and closely monitored by state regulators. Nonetheless, for large associations with significant cash reserves, we expect this option to make it possible for thousands of small businesses to lower their cost of employee health benefits.

President Signs Right to Try Law

With the recent passing of the Right to Try Act, which gives terminally ill patients access to experimental treatments that have not yet been approved by the FDA, it may be important to understand if and how this impacts the benefits you currently offer your employees. The first thing to know is that Right to Try does not mandate or require insurance coverage of experimental drugs, nor of their potential side effects. Another thing you may not know is that while experimental drugs were previously available under Right to Try legislation in 38 states, only one patient has taken advantage of the benefit.

According to the Self Insurance Institute of America, it is important for those with self-funded plans to review how the plan document treats access and payment of experimental drugs. It is also important to determine how your plan currently covers experimental drug treatments and side effects under the FDA Expanded Access program. Finally, we recommend having a conversation with your TPA to identify not only any potential compliance issues that may exist within your current plan, but how your company would like to treat Right to Try related expenses going forward.

Trends Latest Happenings in Today's World

Student Loan Benefits Catch On

Consulting firm Willis Towers Watson expects more than a third of employers to offer student loan consolidation programs by 2021. This represents huge growth, since the Society of Human Resource Management says only 4% of employers offer student loan repayment benefits now. Willis also expects 35% of

employers to offer student loan refinancing arrangements by 2021.

Many employers offering this benefit are doing so by distributing a lump sum benefit over 5 to 8 years. It's no surprise that this approach seems to be boosting employee retention rates – since millennials and Gen Z employees are strapped with about \$30,000 of student loan debt and in

many cases, lower wages than their parents were making at their age.

More Time Off

For the first time in years, Americans took more time off from work in 2017. A survey of 4,400 workers conducted by the travel industry showed that on average, 17.2 days of vacation were used last year. This was more than a full day greater than in 2014.

Is it Time to Offer a Financial Wellness Benefit?

Studies show that regardless of age, few employees consider financial wellness in terms of retirement, leaving them vulnerable to serious financial difficulties in later years. When surveyed, employees of all ages named "freedom from financial stress and debt, enjoying life and being prepared for emergencies" as their ideal state of financial wellness.

While the definition of financial wellness benefits and best practices vary widely, one thing is certain – employees and employers are being negatively impacted by financial pressures and widespread financial illiteracy. A PricewaterhouseCoopers study shows that more than 40% of employees spend three hours of their work day dealing with personal finances. Be it insufficient retirement planning or struggling to make ends meet, employees across a wide spectrum of industries are in desperate need of help.

Meeting Employee Needs

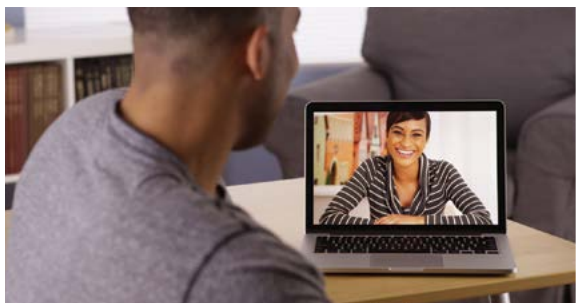
The good news is that financial wellness programs are on the rise. One insurance company, in fact, expects the number of plan sponsors offering such a benefit to grow from 17% to more than 50% over the next five years. And while many employers are uncertain as to what a program might include, most agree that financial wellness is not only good for the employee's holistic health, it creates a very positive outcome for the employer as well.

States Moving Forward on Telemental Health

States are moving toward telemedicine to help students access mental health services. Minnesota and Utah have proposed telemental services in order to reach students with underserved mental health needs. Students with unmet mental health needs experience many obstacles, with conditions such as depression and anxiety negatively impacting their attendance and performance.

Telemental health is being utilized to reach those in areas without child therapists or in other “healthcare deserts.” Texas has successfully implemented telemental health programs since 2012, connecting thousands of students with much needed care and treatment. One proposed Minnesota bill suggests launching four telemedicine projects aimed at improving access to telemental health services for students. Proposed grants would help provide dedicated space in schools and the technology needed for students to access telemental health services. A bill in Utah would enable the Division of Substance Abuse and Mental Health to create a two-year program using a telemedicine platform to facilitate remote consults between children and child psychiatrists.

Legislators and school officials in a number of states see many benefits to pursuing a telemental health platform, including the potential to identify young people contemplating suicidal or homicidal actions.



Fighting Depression in the Workplace

While awareness of mental health concerns in the workplace is increasing, studies repeatedly show that not enough employees feel comfortable utilizing mental health benefits.

Furthermore, many employees are often unaware mental health benefits are even available. With more than 40 million Americans living with depression, it's more important than ever to make sure the workplace is taking positive steps to address it. Here are positive steps your company can take:

Take a holistic approach. Addressing the many areas of wellness, including physical, financial and mental, equally can help employees feel safe enough to seek treatment through employer provided healthcare plans. Stigma is still a major barrier to access, but employers can encourage accessing treatment by putting the necessary emphasis on mental health and wellness. Providing an open space for conversation, information and support

can increase overall employee mental wellness. And of course, extending benefits to all family members can prove extremely valuable.

Keep employees informed. Though your company may have excellent programs and benefits to address mental illness and depression, it's possible that your employees are unaware of how to access them. When bringing the discussion of mental wellness into the public space it's important that the tools and avenues to accessing help are made very clear.

Promote flexibility. Certain industries deal with more critical situations, such as safety concerns, fatigue or a high risk of injury. While there is no “off the shelf” solution to mental wellness, employers can play a major role in bringing mental health out in the open. And today more than ever, a company is only as healthy as its employees.

While more vacation time was enjoyed, work pressures still kept more than half of those surveyed from using all their earned vacation days in 2017.

Connecting Cancer Patients

Modern Healthcare and other news publications have recently written about a free mobile patient app, Belong, that is providing a platform for cancer patients to connect and explore ways of

improving quality of life. The American Cancer Society and Colorectal Cancer Canada are using the app to connect with patients, which was launched in 2015 by two company executives who had lost relatives to cancer. “Belongers” can share information, connect with clinicians and detail their treatment progress. The app's biggest success has been the “Belongers” ability to share meaningful emotional support.

Apple Winning in Mobile Health

After rolling out a software update for its iPhone earlier this year, Apple announced that its Health Records feature is now being piloted by 39 health systems across the U.S. The feature enables patients who have medical information from multiple institutions to organize their data in one bucket containing allergies,

conditions, immunizations, lab results, medications, procedures and vitals. Data from all participating health-care organizations can be viewed by patients, however Apple Health Records does not currently enable patients to send messages to providers or schedule appointments. Apps from electronic health record vendors Epic and Cerner currently offer this functionality.

Healthcare Consumers About to Have Their Day

From Amazon, Berkshire Hathaway and JP Morgan to Walmart and Humana – disruption is all around us. The future of our healthcare system is unfolding right before our eyes and regardless of how this giant chess match turns out, health plan participants just may be the biggest winners.

The Retail Effect

While many healthcare plans have done well under Obamacare, they need to review what many retailers have experienced since Amazon began building its Prime subscriber base of 100 million plus. When you consider the scope of Walmart, their potential for retail clinics is virtually unlimited. Whether by Amazon, Walmart or others, home delivery of prescriptions could make things very difficult for brick and mortar pharmacies. No matter what area you examine, these mega-partnerships have the



potential to impact access to care in ways that most traditional healthcare providers have never imagined. And, if recent retail history means anything, healthcare consumers are sure to benefit.

Self-Funding Will Rule

Most working Americans are already covered by self-funded health plans, and we would expect the new Amazon, Berkshire Hathaway, JP Morgan family to offer at least one self-funded option. Studies show that self-funded plans offer employers far more flexibility than fully insured counterparts and Berkshire Hathaway's Specialty Services unit certainly has the resources to provide the required stop loss insurance.

A Transparency Opportunity

With a little creativity, the transaction processing infrastructure of JP Morgan could make real-time

claims processing a reality for fellow plan members. Real-time payments may encourage providers to discount more. Add telehealth and enable physicians to view electronic medical records and patients may know what to expect from their visit and what they will pay before they make the appointment. The bottom line is that as the level of information sharing increases, cost transparency and the potential for savings will grow.

As a TPA dedicated to controlling costs for self-funded health plans and members, we know these deals will keep more people out of the hospital and increase competition for outpatient care. Technology will move forward, actionable data will be more accessible and consumers will have their day as costs become more transparent and delivery more user-friendly.

Please Contact Us: This newsletter is not intended as a substitute for personal medical or employee benefits advice. Please consult your physician before making decisions that may impact your personal health. Talk to your benefits administrator before implementing strategies that may impact your organization's employee benefit objectives.

Social Corner

Keep informed by connecting with Diversified Group online...



How Much Is Fraud & Abuse Costing Your Health Plans?

From a drug manufacturer that contributes money to a non-profit Copay Assistance foundation and then steers Medicare patients taking their drugs to that foundation to a diagnostic lab that pays doctors for every blood test they refer, disguising the payments as "processing and handling fees", there seems to be no end to the costly schemes plaguing our healthcare system. What is an employer group to do?

For starters, use partial self-funding to provide health benefits to your workers – even if your group is small. It's the only way to know where your health plan dollars are going from month to month and year to year. To read more, visit <https://info.dgb-online.com>

→ ON OUR BLOG

The Changing Definition of Wellness

After decades of preaching to workers about the importance of staying fit and physically healthy, the term worksite wellness is beginning to mean much more to employers and employees alike. Read More at <https://info.dgb-online.com>

→ LINKEDIN

[linkedin.com/company/diversified-group](https://www.linkedin.com/company/diversified-group)

The House just adopted two #healthcare bills that expand tax-advantaged healthcare accounts, including #HSAs, FSAs and HRAs. Here's what you need to know about them: <https://goo.gl/AWCBKL>.