



SPRING
2022

BLUE NEWS

for Employers

Inside this issue...

- ▶ Mental Health Awareness
- ▶ COVID-19 and its Impact on Benefits Packages
- ▶ COVID-19 Over-the-Counter Test Kit Coverage
- ▶ Accept Assignment Program Relaunch on May 1, 2022
- ▶ New Features Added to Insights
- ▶ Women's Health and Cancer Rights Act
- ▶ New Healthcare Reform Preventive Mandates



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

SPRING
2022

BLUE NEWS

for Employers

Mental Health Awareness

Behavioral health disorders have been rising in prevalence, fueled greatly by the COVID-19 pandemic. In 2020, 40% of U.S. adults reported experiencing symptoms of anxiety or depressive disorder. In sharp contrast to before the pandemic, only 10% of U.S. adults reported anxiety or depressive disorders. According to the Blue Cross and Blue Shield Health Index, major depression is the second most impactful condition on overall health for commercially insured Americans, second to hypertension.

We also know that there is a link between behavioral health disorders and chronic conditions.

PEOPLE DIAGNOSED WITH DEPRESSION ARE:

2x

*as likely to suffer from
1+ chronic disease*

3x

*as likely to suffer from a
pain-related disorder*

Evidence also shows that stress and anxiety are strongly linked to the development of chronic diseases, such as obesity and hypertension.

In order to improve the well-being of your employees, we must understand and address their needs. Through early preventive intervention, we can help to increase employee engagement in health and wellness programs, which leads to better health and outcomes.

As we approach Mental Health Awareness Month this May, we ask you to join us in our efforts to reduce the stigma around mental health as we work together to improve the overall well-being of our members. We encourage you to promote the mental health resources available to your employees—from behavioral health services to Employee Assistance Programs.

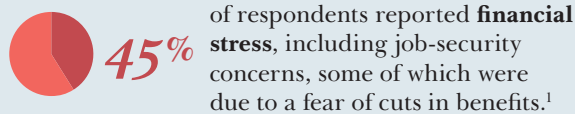
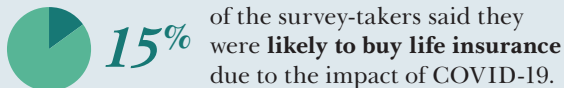


COVID-19 and its Impact on Benefits Packages

Two years later, the COVID-19 pandemic continues to impact individuals, businesses and the overall economy. Companies have been challenged to find new ways to conduct business, retain top talent and care for their employees. Individuals have dealt with the loss of income, sickness and the death of loved ones. Now more than ever before, employers and employees have a new view on the importance of supplemental, life and disability insurance. Employees now see the value in protecting their financial security, while employers see an increased value in enhancing benefits packages as a retention and recruitment tool.

Employees are expressing an increased awareness of and appreciation for their employer-sponsored benefits, which often include supplemental, life and disability plans.

PWC SURVEYED 6,000 U.S. CONSUMERS FROM MAY 22 TO JUNE 6, 2020 AND FOUND THAT:



INSURANCENEWSNET COVERED AN AFLAC REPORT THAT REVEALED:



3 OF 5 EMPLOYEES felt the pandemic still affected their benefits decisions, such as adding a new benefit option.²

You can offer cost-effective supplemental benefits that complement your employees' health insurance coverage. These benefits help protect your most important asset—your employees—while allowing you to provide competitive benefits packages to attract and retain top talent.

Contact your account management team for more information about supplemental, life and disability plans.

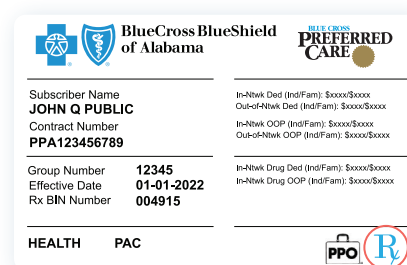
COVID-19 Over-the-Counter Test Kit Coverage

On January 10, 2022, the Biden administration announced that starting January 15, 2022, during the Public Health Emergency (PHE), commercial insurance companies and group health plans are required to provide coverage for over-the-counter (OTC) COVID-19 FDA-authorized test kits.

OTC COVID-19 FDA-authorized test kits are covered for eligible members, up to eight per member, per month, and are reimbursed with no member cost share based on the federal guidance. Currently, Blue Advantage, BlueRx, C Plus, and Short Term Limited Duration plans are not included in the federal requirement for coverage.

Members with pharmacy coverage provided by Prime Therapeutics can purchase OTC COVID-19 FDA-authorized test kits with no upfront cost. Claims for reimbursement will be submitted by in-network pharmacies or can be mailed directly to Prime Therapeutics by filing a **Prime Therapeutics Claim Form** along with the test kit purchase receipt. To access the form, log in to **AlabamaBlue.com** with your *myBlueCross* username and password, click the button that reads **"Members with Prime Pharmacy Coverage"** located in the green banner at the top of the account summary page, and then click the link to the **"Prime Therapeutics Claim Form"** in the dropdown box.

Members with pharmacy coverage through their employer but not through Prime Therapeutics should check with their employer or Pharmacy Benefit Manager (PBM) for reimbursement information of OTC COVID-19 FDA-authorized test kits specific to their pharmacy benefits.



The **"Rx"** symbol shown on the ID card indicates a member has pharmacy coverage provided by Prime Therapeutics.



In addition, every household in the U.S. can order free at-home COVID-19 test kits. There are no shipping costs and no credit card number is needed.

Visit [covidtests.gov](https://www.covidtests.gov) for more information.

¹PwC's COVID-19 Consumer Insurance and Retirement Pulse Survey, June 2020: base of 6,000.

²InsuranceNewsNet, "Pandemic Changed How Americans Make Benefits' Decisions, Aflac Finds, January 18, 2022."



Accept Assignment Program Relaunch on May 1, 2022

The Accept Assignment Program is designed for members with Major Medical Point of Sale (POS) benefits **and** a prescription that costs \$3,000 and over. The revised program includes further defined criteria, ensuring our members who are in need receive the financial assistance they deserve.

With Accept Assignment, eligible members are not required to pay 100% of the prescription cost at the time of purchase and then file a claim for reimbursement. Instead, the pharmacy submits the claim on behalf of the member, and Blue Cross reimburses the pharmacy directly, excluding the member's cost share, which is paid by the member at the time of service.

WHAT MAKES A MEMBER ELIGIBLE?

The member must have the Major Medical POS benefit.

The total allowed cost of the medication must exceed \$3,000 per drug.

The revised Accept Assignment Program becomes active on May 1, 2022. Please note, this exception program does not affect your POS benefit design.

If you have any questions about the Accept Assignment Program, contact your account management team.

New Features Added to Insights

The latest release of Insights has launched and contains many new features. The most notable addition is the **Member Panoramic Report**, providing a comprehensive demographic, clinical and financial overview of members. This report can be generated as a View Now option or scheduled to run on a recurring basis in the Self-service section of Insights. The Member Panoramic replaces the legacy Patient Profile reports. A direct Member Panoramic link on the High-dollar Claimant Dashboard is a bonus feature, allowing users to run the Member Panoramic Report for a listing of high-dollar claimants. Report samples are included within the updated Release Notes accessible within Insights.

Additional key content added in this release includes the following:

- ▶ **Cost and Demographics dashboards now offer Incurred Date/Paid Date and Primary/Non-Primary filter options.**
- ▶ **Lag and Triangulation reporting now includes drug rebates and ITS access fees.**
- ▶ **Self-service Summary tab now has drug rebates as an available reporting metric.**

Lastly, **all scheduled reports** within Insights now kick off **after** the monthly claims reconciliation process has completed, which is on the first or second Saturday of each month. All scheduled reports run stepwise over the following days once the reconciliation is completed. This ensures all claims data is complete and finalized before the scheduled run. A new calendar icon is included on all pages within Insights so that users can easily view when the monthly reconciliation file finishes each month. Users will continue to receive an email notification once their scheduled reports complete.

Women's Health and Cancer Rights Act

Don't forget to remind employees about the protections provided by the Women's Health and Cancer Rights Act of 1998.

This Act provides protection for breast cancer patients who are receiving benefits in connection with a medically necessary mastectomy.

Written notice of these protections should be provided to plan participants when they enroll in the plan and annually thereafter. Federal regulations establish the joint responsibility of employers with two or more employees and insurers to meet these requirements. Notification requirements may be met by simply providing benefit booklets to employees once per year. The benefit booklets provided by Blue Cross include the necessary information to satisfy the notification requirement. If you distribute benefit booklets each year, a separate annual notice may not be needed.

If you prefer a separate annual notice, a pamphlet entitled "Women's Health and Cancer Rights Act" (MKT-375) is available online after logging in to AlabamaBlue.com/Employers and then selecting Forms and Materials or by contacting Customer Service. You may also provide notice annually through a benefits or union newsletter or with open enrollment materials. These notices may be delivered electronically, provided the conditions in federal regulation 29 CFR 2520.104b-1 related to electronic delivery are met.



New Healthcare Reform Preventive Mandates

PREVENTIVE REQUIREMENT	PUBLISHED DATE	BLUE CROSS EFFECTIVE DATE	CHANGE TO CURRENT BENEFIT?
Routine Immunizations-Flucelvax Quadrivalent	New recommendation published August 27, 2021	August 27, 2021	YES: Existing immunization; starting age range expanded to include individuals age 2 years and older for 2021-2022 flu season.
Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis	Existing recommendation originally published June 2019	September 17, 2021	YES: Additional support services for baseline/monitoring of PrEP treatment added to preventive benefit.
Multiple Services	Existing recommendation with updated ICD-10 (procedure and diagnosis) & HCPCS coding	October 1, 2021	NO: Applicable procedural and diagnosis coding updates (new/revised/deleted codes) to existing benefit services comprehensively reviewed and operationalized.
Routine Immunizations-Recombinant Zoster Vaccine	New recommendation published January 21, 2022	January 21, 2022	YES: Existing immunization; coverage expanded to include individuals with immunodeficient/immunosuppressed health conditions.
Routine Immunizations-Pneumococcal Vaccines	New recommendation published January 28, 2022	January 28, 2022	YES: Addition of two new immunizations into existing routine immunization schedule.

HAVE QUESTIONS OR COMMENTS ABOUT BLUE NEWS?

Please send your feedback to your account management team.