# UnitedHealthcare Regulatory Summary

October 2024

Summary applies to UnitedHealthcare National Accounts, Key Account and Public Sector businesses. Non-integrated UnitedHealthcare business may vary in their approach.

# Regulatory Summary – Affordable Care Act (ACA)

| Name | Summary | Effective Date | Client Action | UHC Action |
|---|---|---|---|---|
| **Health Savings Account (HSA) Dollar Maximums** | Minimum deductible, maximum out-of-pocket and maximum contribution limits apply. Catch up contributions for ages 55+ remain $1,000.<br><br>**Limits and Maximums** / **Self Only** / **Family**<br>Minimum Deductible: $1,650 / $3,300<br>Annual Contribution Limit: $4,300 / $8,550<br>Annual Out of Pocket Maximum: $8,300 / $16,600 | 01/01/2025 | ➢ Ensure plans do not exceed limits and – maximums. | ➢ Continue to monitor.<br>➢ Update plan design, upon request. |
| **Out-of-Pocket Maximums** | All in-network member cost-sharing, including flat-dollar copayments, must accumulate to a plans out-of-pocket maximum (OOPM).<br>• 2025 in-network out-of-pocket maximum is $9,200 individual / $18,400 family<br>• 2026 in-network out-of-pocket maximum is $10,150 individua l/ $20,300 family | 01/01/2025<br>01/01/2026 | ➢ Ensure plans do not exceed in-network out-of-pocket limits. | ➢ Continue to monitor<br>➢ Update plan design, upon request. |
| **Non-Discrimination in Health Programs and Activities** (ACA Section 1557) Final Rule | Implements Section 1557 of the Affordable Care Act prohibiting discrimination by "any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I [of the ACA]."<br><br>We are aware of and are monitoring developments tied to recent court decisions.<br>Most effective dates are 7/7/2024 except as follows:<br>• Nondiscrimination Notice – 11/4/2024<br>• Section 1557 Coordinator – 11/4/2024<br>• Non-Discrimination in Health Insurance and Other Health Coverage – plan/ policy years beginning on or after 1/1/2025 (special rules apply)<br>• Patient care decision support tools use – 5/1/2025<br>• Policies and Procedures – 7/7/2025<br>• Internal Training – 7/7/2025<br>• Language Assistance/Auxiliary Aid Notice – 7/7/2025 | Effective date is 7/7/24*<br><br>* Dates may be impacted by court case | ➢ Notify enrollees of any changes to plan design.<br><br>➢ Update plan documents as appropriate. | ➢ UnitedHealthcare is actively engaged and updating strategy and documentation.<br>➢ Nondiscrimination notices are updated for 11/4/24.<br>➢ Section 1557 coordinator is in place now.<br>➢ Planning for training, policies and procedures for 2025 effective dates is underway. |

# Regulatory Summary – ACA and CAA

| Name | Summary | Effective Date | Client Action | UHC Action |
|---|---|---|---|---|
| The Patient-Centered Outcomes Research Institute – **PCORI Fees update** | Employers and plan sponsors are responsible for submitting IRS Form 720 and paying the PCORI fee by July 31, 2024.<br><br>Instructions for reporting and paying the fee are posted on the IRS website.<br><br>For plan and policy years that end on or after Oct. 1, 2023, and before Oct. 1, 2024, the PCORI fee is $3.22 per covered life – an increase of 7.33% from last year. | 07/31/2024 | ➢ Clients are responsible to complete the forms posted on the IRS website. | ➢ Awareness |
| Consolidated Appropriations Act (CAA) No Surprises Act – **Independent Issue Resolution (IDR)** | The federal No Surprises Act (NSA) established an Independent Dispute Resolution (IDR) process for payers (health insurers, group health plans, and Federal Employees Health Benefits carriers) and certain providers, facilities, and air ambulance carriers to resolve disputes over out-of-network (OON) reimbursement amounts.<br><br>The IDR process established a Qualifying Payment Amount (QPA) for each OON item and service and the IDR decision takes into account the QPA (the reimbursement amount may be higher based on factors such as patient acuity).<br><br>A federal court decision challenged the methodology used to determine the QPA which is currently on appeal. The federal regulators have indicated that payers may continue to use the current rules for determining QPAs (those in place prior to the court decision) for any OON item or service furnished before 11/1/2024.<br><br>HHS encourages states that are the primary enforcers of NSA provisions to adopt a similar approach.<br><br>An updated No Surprises Act independent dispute resolution process is anticipated to be released November 2024. | January 2022 | ➢ Awareness<br><br>➢ Client specific reporting available through Employer eServices.<br><br>➢ Terminated clients whose claim and bank accounts are not active when IDR final decision is made would need to pay the provider and pay the IDR arbitrator if their claim or bank account is closed. | ➢ UnitedHealthcare manages the IDR process.<br><br>➢ For self-funded clients UHC will pay the CMS administrative fee and the IDR entity upfront fee and reconcile payment with the client's bank account.<br><br>➢ FAQs are available. |

# Regulatory Summary – CAA

| Name | Summary | Effective Date | Client Action | UHC Action |
|---|---|---|---|---|
| Consolidated Appropriations Act (CAA) – **Mental Health Parity NQTL** | Non-Quantitative Treatment Limitations (NQTL):<br>➢ Beginning February 11, 2021, per the CAA an NQTL analysis must be made available to regulators, upon request.<br>➢ ASO customer are required to analyze their plans to be compliant with the NQTL regulations.<br>➢ Provide NQTL analysis when requested federal (DOL, HHS) regulators. | 2/11/2021<br><br>Final Rule was released 9/9/24 with effective dates of 1/1/25 and 1/1/26 | ➢ Request UHC engagement to support DOL audit. | ➢ Perform NQTL analysis to support DOL request.<br>➢ NQTL documentation typically includes a side-by-side analysis of medical/surgical and mental health/substance use disorder NQTLs. To streamline documentation issuance updated HP NQTL templates are available.<br>➢ UnitedHealthcare is reviewing changes based on 9/9/24 final rule that may impact updates to NQTLs and processes. As updates are available, we will communicate to impacted parties. |
| Consolidated Appropriations Act (CAA) – **Pre-deductible Telehealth HSA-HDHP plans** | The CAA included a provision allowing HSA qualified HDHPs to cover telehealth services without first meeting the deductible. This safe harbor applies for any plan year beginning in 2023 or 2024 and is voluntary for the plan sponsor.<br><br>For ASO groups with the UnitedHealthcare Virtual Visit program, the Virtual Visit may also waive deductible.<br><br>UnitedHealthcare provided coverage for fully insured Virtual Visits (national program) at $0 cost share for HSA plans that included it in 2024.<br><br>The telehealth $0 cost share for HSA Safe Harbor ends for plan years on and after 1/1/25.<br><br>Any extension of the safe harbor will have to come from Congress. | Applies to plan years beginning in 2023 and 2024 | ➢ Notify Sales & Account Management to implement a change in plan design.<br>➢ Confirm plan removes coverage for $0 cost share for plan years on and after 1/1/2025. | ➢ Update plan design, upon request. |

# Regulatory Summary – CAA

| Name | Summary | Effective Date | Client Action | UHC Action |
|---|---|---|---|---|
| Consolidated Appropriations Act (CAA)<br>No Surprises Act – **Gag Clause Prohibition Compliance Attestation (GCPCA)** | Plans and issuers must annually submit to CMS an attestation that the plan or issuer is complying with the gag clause prohibition. This is referred to as the Gag Clause Prohibition Compliance Attestation (GCPCA).<br><br>UnitedHealthcare submits the Gag Clause Attestation for fully insured plans required each year.<br><br>UnitedHealthcare also attests for Level Funded groups beginning in 2024. | Submit annually by 12/31 | ➢ ASO client should attest by 12/31 each year.<br><br>➢ UnitedHealthcare will attest for UHC administered business, upon request when the customer completes a Letter of Direction and a Gag Clause data template. | ➢ UnitedHealthcare reviews and ensures removal of all Gag clauses from existing contracts each year.<br><br>➢ UnitedHealthcare provides self funded customers with Confirmation of Compliance Sep. 1.<br><br>➢ UHC will attest for clients that request UHC to attest and provide the signed documents. |
| Consolidated Appropriations Act (CAA)<br>No Surprises Act – **Air Ambulance Reporting** | The Air Ambulance Report must include data relevant to air ambulance services furnished within the reporting period, as well as data relevant to air ambulance services with payment dates that fall within the reporting period.<br><br>The report will be due for two consecutive years.<br><br>**Air Ambulance Reporting**<br>Based on preliminary indications of the air ambulance reporting requirements, UnitedHealthcare plans to report on behalf of all customers (fully insured, ASO, level funded).<br><br>Once the final rule is released, we will determine if any additional data would be needed from the customer.<br><br>The government agencies have indicated that the final rules will be published in March 2025. | Pending Final Rule anticipated 3/2025 | ➢ Awareness | ➢ UnitedHealthcare is waiting for additional guidance on the timing, content and submission requirements for Air Ambulance Reporting.<br><br>➢ No reporting is required until the Final Rule is released. |

# Regulatory Summary – Transparency in Coverage Rule

| Name | Summary | Effective Date | Client Action | UHC Action |
|---|---|---|---|---|
| Transparency in Coverage Rule (TiC) – **Consumer Price Transparency Tool (CPTT)** | The Transparency in Coverage rule requires insurers and plans to create an online consumer tool that includes personalized information regarding members' cost-sharing responsibilities for covered items and services, including prescription drugs.<br><br>The tool must be an internet-based cost estimator tool to estimate personal cost-share liability for both medical and prescription drugs and must:<br>• Permit members to search based on billing code or description<br>• Allow members to compare costs across both in-network and out-of-network providers<br>• Inform members of any accumulated deductible or other out-of-pocket expenditures to date<br>• List any factors that impact the cost such as service location or drug dosage<br>• Provide cost estimates in paper format at the member's request<br><br>Beginning with plan years on or after January 1, 2023, the cost estimator tool must disclose information on 500 items, services and prescription drugs identified in the final rule. Starting with plan years on and after January 1, 2024, the tool must list all covered items and services including prescription drugs. | All items and services 1/1/24 | ➢ Awareness | ➢ UnitedHealthcare has expanded the consumer portal to include the required capabilities for all billing codes and service estimates effective 1/1/2024.<br><br>➢ UnitedHealthcare expanded cost comparison tool to the UnitedHealthcare app.<br><br>➢ **COMPLETE** |
| Transparency in Coverage Rule (TiC) – **Machine-Readable Files (MRF)** | Insurers and plans are required to make available to the public — including consumers, researchers, employers, and third-party developers — machine-readable files disclosing detailed information on the costs of covered items and services including prescription drug pricing, as follows:<br>► Negotiated rates for in-network providers<br>► Historical allowed amounts and billed charges for out-of-network providers; and<br>► Negotiated rates and historic net prices for prescription drugs (*paused pending additional rulemaking*) | 07/01/2022 and monthly | ➢ Awareness | ➢ Posted files beginning 07/01/2022.<br>➢ UnitedHealthcare updates files on a monthly basis, as required.<br>➢ **COMPLETE** |