



# UnitedHealthcare Regulatory & Key Initiatives Summary

May 2024

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

# Regulatory & Key Initiatives Summary 2024

Name	Summary	Effective Date	Client Action	UHC Action												
<b>Health Savings Account Dollar Maximums</b>	<p>Minimum deductible, maximum out-of-pocket and maximum contribution limits apply.</p> <table border="1"> <thead> <tr> <th>Limits and Maximums</th> <th>Self Only</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Minimum Deductible</td> <td>\$1,650</td> <td>\$3,300</td> </tr> <tr> <td>Annual Contribution Limit</td> <td>\$4,300</td> <td>\$8,550</td> </tr> <tr> <td>Annual Out of Pocket Maximum</td> <td>\$8,300</td> <td>\$16,600</td> </tr> </tbody> </table>	Limits and Maximums	Self Only	Family	Minimum Deductible	\$1,650	\$3,300	Annual Contribution Limit	\$4,300	\$8,550	Annual Out of Pocket Maximum	\$8,300	\$16,600	01/01/2025	<ul style="list-style-type: none"> <li>➤ Ensure plans do not exceed limits and maximums</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to monitor</li> <li>➤ Update plan design, upon request</li> </ul>
Limits and Maximums	Self Only	Family														
Minimum Deductible	\$1,650	\$3,300														
Annual Contribution Limit	\$4,300	\$8,550														
Annual Out of Pocket Maximum	\$8,300	\$16,600														
<b>Non-Discrimination in Health Programs and Activities (ACA Section 1557) Final Rule</b>	<p>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].”</p>	<p>Effective date is 7/5/24</p> <p>11/4/24 - Notice nondiscrimination on website</p> <p>7/7/25 - Notice of language assistance auxiliary aids</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare is actively involved and will inform clients accordingly</li> </ul>												
<b>Out-of-Pocket Maximums</b>	<p>All in-network member cost-sharing, including flat-dollar copayments, must accumulate to a plans out-of-pocket maximum (OOPM)</p> <ul style="list-style-type: none"> <li>• 2024 in-network out-of-pocket maximum is \$9,450 individual / \$18,900 family</li> <li>• 2025 in-network out-of-pocket maximum is \$9,200 individual / \$18,400 family</li> </ul>	01/01/2024 01/01/2025	<ul style="list-style-type: none"> <li>➤ Ensure plans do not exceed in-network out-of-pocket limits</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to monitor</li> <li>➤ Update plan design, upon request</li> </ul>												
<b>Consolidated Appropriations Act (CAA) Mental Health Parity</b>	<p>Non-Quantitative Treatment Limitations (NQTL):</p> <ul style="list-style-type: none"> <li>➤ Beginning February 11, 2021, per the CAA an NQTL analysis must be made available to regulators, upon request.</li> </ul>	Upon request from DOL	<ul style="list-style-type: none"> <li>➤ Request UHC engagement to support DOL audit</li> </ul>	<ul style="list-style-type: none"> <li>➤ Perform NQTL analysis to support DOL request</li> </ul>												
<b>The Patient-Centered Outcomes Research Institute PCORI Fees update</b>	<p>Employers and plan sponsors are responsible for submitting IRS Form 720 and paying the PCORI fee by July 31, 2024. Instructions for completing the form will be posted on the IRS website.</p> <p>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.</p>	07/31/2024	<ul style="list-style-type: none"> <li>➤ Clients are responsible to complete the forms posted on the IRS website</li> </ul>													

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<b>Consolidated Appropriations Act (CAA) Pharmacy Benefits &amp; Costs Reporting</b>	<p>Health plans offering group or individual health insurance coverage must report plan specific prescription drug spending and certain medical cost data annually to the Tri-agencies.</p> <p>UnitedHealthcare is changing its approach to how the company collects data for the submission of pharmacy benefits and cost reporting (RxDC) on behalf of all customer through a Request for Information (RFI) tool.</p>	06/1/2024 for 2023 data	<ul style="list-style-type: none"> <li>➤ Refer to the Pharmacy Benefits &amp; Costs Reporting <a href="#">Guide</a> and <a href="#">Brainshark tool</a> for additional details</li> <li>➤ If client did not respond to the RFI/Survey, they are now responsible to submit any information UHC does not have directly to CMS</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare to submit 2023 RxDC data on 06/01/2024</li> </ul>
<b>Consolidated Appropriations Act (CAA) Pre-deductible Telehealth HSA-HDHP plans</b>	<p>The CAA of 2023 was passed by the House and Senate and signed by President Biden Dec. 29, 2022. This legislation included a provision to allow qualified HDHPs to cover telehealth services, pre-deductible – for plan years that begin in 2023 and 2024 – without jeopardizing HSA eligibility. For ASO groups with the UnitedHealthcare Virtual Visit program, the Virtual Visit may also waive deductible.</p> <p>This extension is voluntary and applies to ASO groups only.</p>	<p>An ASO customer with a calendar year plan may begin waiver of deductible 01/01/2023 through 12/31/2024</p> <p>An ASO customer with a non-calendar year plan that begins during 2023 or 2024 would allow coverage for telehealth, pre-deductible, through the end of that plan year</p>	<ul style="list-style-type: none"> <li>➤ Notify Sales &amp; Account Management to implement a change in plan design</li> </ul>	<ul style="list-style-type: none"> <li>➤ Update plan design, upon request</li> <li>➤ Waiting for additional guidance</li> </ul>
<b>Consolidated Appropriations Act (CAA) No Surprises Act – Gag Clause Prohibition Compliance Attestation (GCPCA)</b>	<p>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). United Healthcare submits the Gag Clause Attestation for fully insured as required each year.</p>	Annually 12/31	<ul style="list-style-type: none"> <li>➤ ASO Client should attest by required date</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare reviews and ensures removal of all Gag clauses from existing contracts each year</li> <li>➤ UHC will provide self funded customers with confirmation of compliance letter on or before Q4</li> </ul>

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<p>Consolidated Appropriations Act (CAA) No Surprises Act – <b>Independent Issue Resolution (IDR)</b></p>	<p>Departments and OPM are extending this enforcement relief for items and services provided before November 1, 2024, as follows:</p> <p>For any plan or issuer, or party to a payment dispute in the Federal IDR process, that uses a QPA calculated in accordance with the methodology under the July 2021 interim final rules and guidance in effect immediately before the decision in TMA III; and</p> <p>For a provider, facility, or provider of air ambulance services that bills, or holds liable, a participant, beneficiary, or enrollee for a cost-sharing amount based on a QPA calculated in accordance with the methodology under the July 2021 interim final rules and guidance in effect immediately before the decision in TMA III.</p> <p>HHS encourages states that are the primary enforcers of NSA provisions to adopt a similar approach</p>	<p>01/01/2023</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> <li>➤ Client specific reporting available through Employer eServices</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare manages the IDR process</li> <li>➤ FAQs available for use in discussions</li> </ul>
<p>Consolidated Appropriations Act (CAA) No Surprises Act – <b>Air Ambulance Reporting</b></p>	<p>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.</p> <p><b>Air Ambulance Reporting – Q1 2024 Status</b></p> <p>The No Surprises Act Air Ambulance Reporting provisions is a two-year requirement currently applying to reference year 2024 (report due in 2025) and reference year 2025 (report due in 2026).</p> <p>Based on preliminary indications of the air ambulance reporting requirements, UnitedHealthcare plans to report on behalf of all customers (fully insured, ASO, level funded, on all platforms). Once the final rule is released, we will determine if any additional data would be needed from the customer.</p> <p>The government agencies have indicated that the final rules will be published in the Fall.</p>	<p>Pending Final Rule fall of 2024</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare is waiting for additional guidance on the timing, content and submission requirements for Air Ambulance Reporting</li> <li>➤ No reporting is required until the Final Rule is released</li> </ul>



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<p>Transparency in Coverage Rule (TiC) – <b>Consumer Price Transparency Tool (CPTT)</b></p>	<p>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. The tool must be an internet-based cost estimator tool to estimate personal cost-share liability for both medical and prescription drugs and must:</p>	<p>All items and services 1/1/24</p>	<p>➤ Awareness</p>	<p>➤ UnitedHealthcare has expanded the consumer portal to include the required capabilities for all billing codes and service estimates effective 1/1/2024</p> <p>➤ <b>COMPLETE</b></p>
<p>Transparency in Coverage Rule (TiC) – <b>Machine-Readable Files (MRF)</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>▶ Negotiated rates for in-network providers</li> <li>▶ Historical allowed amounts and billed charges for out-of-network providers; and</li> <li>▶ Negotiated rates and historic net prices for prescription drugs (<i>paused pending additional rulemaking</i>)</li> </ul>	<p>07/01/2022 and monthly</p>	<p>➤ Awareness</p>	<p>➤ Posted files beginning 07/01/2022</p> <p>➤ UnitedHealthcare updates files on a monthly basis, as required</p> <p>➤ <b>COMPLETE</b></p>

