

Administrator

Important news and updates from your benefits professionals

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Trends In Today's World

Hello Dr. TikTok

A recent study by CharityRx showed that to avoid being judged by medical professionals or find more affordable solutions, a third of their GenZ customers consult health influencers on TikTok for health advice. While a large majority do fact check endorsements they receive, the trend is troublesome for many providers struggling to share information and build relationships with younger generations.

Charging for MyChart

While scheduling an appointment or requesting a prescription refill will remain free, Cleveland Clinic and other large health systems have begun charging for responding to messages about medication changes, new symptoms, checkups on long-term conditions or requests to complete medical forms through MyChart. Depending on plan designs, fees may be as high as \$50 per message.

More Mental Health Spending

According to the Employee Benefit Research Institute, people under the age of 25 are driving a steady increase in spending for mental health. While people under 25 represent 36% of our

Is Your Health Plan Ready for Gen Z?

As the older members of Generation Z become a bigger part of our workforce, it's important to learn what sets these young people apart from their Millennial predecessors. Gen Z represents a fourth of our population and unlike Millennials who needed to adapt to a digital world, Gen Zers were born into it. This experience has created many expectations, one of which is finding information at their fingertips – instantly. In addition to this tech-first background, these young people also share strong attitudes about social issues.

Experts say Generation Z is solidly behind the push for diversity, equity, inclusion and equality – especially when it comes to compensation. After having begun their working career during the pandemic, a large number worked remotely and were onboarded remotely as well. It seems this has fostered a strong desire for more interaction with co-workers and higher than normal levels of stress, anxiety and depression.

Prioritize Employee Well-Being

Many HR teams are realizing that how they respond to the attitudes and expectations of Generation Z will have a huge impact on their overall workplace culture. A good place to begin may be to examine existing wellness programs and to the best of your ability, personalize your offerings as much as possible. Stress management, healthy eating and the availability of individualized fitness activities are wellness offerings you may want to consider.



When it comes to compensation, benefits and personal finances, young people are much more open than older counterparts. They want to know how their employer determines pay levels and even more important, how their work is valued and monetized. While this level of transparency will be cheered by many, it may create a fair amount of controversy as well.

While Generation Z may present some unique challenges, creating a work environment and benefit plans they will want to be a part of and stay a part of is certainly an attainable goal. Remaining open to change, listening to what others have to say and putting the needs of your members first is a winning formula for every generation.



Telehealth Coverage Extended

When the pandemic hit, many measures were implemented to make telehealth more accessible for patients with HSA qualifying High Deductible Health Plans. The newest spending bill signed into law extends coverage through the end of 2024. The spending bill also approved the extension of telehealth for Medicare patients.

This coverage is extremely valuable, enabling qualified employees to use telehealth services without paying a co-pay or upfront deductible. The Kaiser Family Foundation estimates that some 17 percent of employer-sponsored health plans include HSA-qualifying HDHPs. KFF research shows that approximately a fourth of survey respondents used telehealth in the prior month, with Medicare and Medicaid patients showing even higher usage throughout 2021.

Hurting Medical Research



The Inflation Reduction Act may have given Medicare the power to negotiate drug prices but it appears to be hurting medical research. One company, Eli Lilly, recently cancelled work on a drug that was being studied for treatment of certain blood cancers. Other pharmaceutical companies have stopped research on drugs to treat rare diseases as incentives dating back as far as 1983 fall victim to price controls included in the Inflation Reduction Act.

Disincentives in the law may have a huge impact on cancer treatments. In the past, after a drug was approved for treatment of a particular type of cancer, incentives were in place to help fund additional research to determine the drug's effectiveness against other types of cancer. These incentives were part of bipartisan legislation including the FDA Modernization Act of 1997 and the Orphan Drug Act of 1983. These laws not only provided a combination of tax credits and grants but market exclusivity for a limited period of time leading up to generic competition. By mandating big Medicare price reductions, the new law undercuts these incentives and reduces resources available for additional trials and R&D. Researchers and patients undergoing treatment for many forms of cancer are hoping that the Inflation Reduction Act can be replaced or modified in a way that will allow for economic incentives that will continue bringing new treatment options to patients in need.

Trends continued

population, they accounted for 42% of spending on mental health and substance abuse treatment in 2020. This places a heavy burden on employers needing to attract and retain young talented workers.

Cardio Workouts Return

Thanks to exercise platforms streaming on YouTube and TikTok, low impact, high energy cardio workouts made popular in the 80's are returning to homes across America. With subscription rates much like individual gym memberships, step

aerobics producers are finding many fitness geeks anxious to trade their Pelotons for dance-cardio classes that are not only easier on the knees and joints but much more fun.

More Small Groups Self-Fund

Even though the Employee Benefit Research Institute reported a slight decrease in self-funding by our nation's largest employers, more small and medium-sized employers continue to self-fund their health plans. Overall, the percentage of

workers participating in self-funded health plans has consistently been between 58 and 60 percent for the past decade.

Detecting Cancer

While many doctors are using blood tests to manage care for some cancer patients, some are using blood work to detect cancer at early stages. Trials have been successful for cancers that don't currently have a recommended screening test. Researchers are quick to point out that even though these tests are new, they are very optimistic.

Should You Have a Metaverse Officer?

According to a recent survey by PwC, more than 40% of companies expect the metaverse to be an active part of their business operation within the next two to three years. For those wondering how health benefits and virtual reality may go together, just consider young people who have grown up with gaming. These are the same people you'll be interviewing, onboarding and insuring before you know it.

While avatars and digital workspaces may seem like science fiction to many, plenty of companies have identified roles focused on the metaverse. They're hiring people skilled in cryptocurrency, non-fungible tokens (NFTs), 3D design and other technologies.

Working in the metaverse

The metaverse has the power to enhance remote working while retaining some of the advantages of working on-site. Global companies can bring people together in ways that current remote work environments cannot. Seeing co-workers move around, converse and engage like they would in a traditional office can make a remote person feel like part of the team. Learning to understand your workforce can enable HR to improve their experience.

Some companies liken the metaverse to the beginning of the internet when some companies had a one-page web presence, while others went much further. If this comparison is accurate, the metaverse will soon be a normal part of doing business.

Paying Claims is Far from Automatic

With thousands of codes assignable to every aspect of medical treatment and high-dollar claims becoming more and more common, the need for strict claims review has never been greater. Audits conducted after claims are paid can yield a higher level of administrative integrity going forward, but they seldom result in the recovery of overpayments.

From admission to medical supplies and diagnostic testing, billing continues to become more complex. As an example, ER services can be coded at different levels with varied costs. Some surgeries requiring an additional procedure may result in double billing when only one bill should be issued. Potential billing errors such as these can only be identified by monitoring claims on a daily basis. And that means going well beyond auto adjudication whenever a claim or medical record seems strange.

Identifying a “Fair” Price for Care



Wouldn't it be nice if we could open a book, identify what a hospital needs to charge to break even on their services and work from there to negotiate a price that's fair to both patient and provider? The National Alliance of Healthcare Purchaser Conditions has released such a book, enabling plan sponsors to obtain newly-released price transparency and quality data. Hospital prices were on steroids before the Covid-19 pandemic, making negotiation tools like this book and a free hospital pricing dashboard introduced by the Employers' Forum of Indiana even more valuable when trying to determine a fair market price for hospital services.

Negotiating with hospitals or health systems is certainly not new. The growth of reference based pricing has grown out of a huge need to find some consistency in hospital pricing. While there is no perfect solution to overcoming the problem of hospitals that overcharge, the hope is that health plans and regional employer coalitions will be able to sort through this type of data to meet local needs.



Where to Find Affordable Quality

Recent numbers from the Centers for Medicare & Medicaid Services show that \$4.1 trillion was spent on healthcare in 2020 – a number that's expected to top \$6 trillion by 2028. While the average per person healthcare expenditure is now \$12,500 per year, cost, access and quality certainly vary throughout the United States. A recent study by WalletHub compared the 50 states and the District of Columbia across a wide range of variables contributing to cost, accessibility and outcomes. While high costs do not always translate to high quality, the following states were shown to have the highest and lowest monthly average health insurance premiums.

Lowest Premiums

<i>State</i>	<i>Rank</i>
Utah	1
Maryland	T-2
New Hampshire	T-2
Colorado	4
Massachusetts	5

Highest Premiums

<i>State</i>	<i>Rank</i>
West Virginia	T-50
Wyoming	T-50
Alabama	49
Louisiana	48
Alaska	47

States ranking highest and lowest for overall affordable quality:

Top 10 Overall

<i>State</i>	<i>Rank</i>
Rhode Island	1
Massachusetts	2
Hawaii	3
Minnesota	4
Maryland	5
Vermont	6
Colorado	7
Connecticut	8
Maine	9
Iowa	10

Lowest 10 Overall

<i>State</i>	<i>Rank</i>
Mississippi	51
Alabama	50
Louisiana	49
Oklahoma	48
Arkansas	47
West Virginia	46
South Carolina	45
Texas	44
Georgia	43
Tennessee	42

Did You Know? New Ideas for Healthy Consumers

Listen to Your Heart Rate



Your resting heart rate (RHR) is a measure of your average heart beats per minute while your body is at rest in a neutral environment. A normal range of 60 to 100 beats per minute is a sign that your heart muscle is strong enough to pump the blood your body needs. It is also an indication of good overall health.

A lower than normal RHR is a sign of good physical fitness common among athletes. In contrast, a RHR above 100 may indicate a lack of physical activity, excessive stress or a thyroid or heart condition. Either way, a visit with your physician can help determine the cause.

U.S. Life Expectancy Falls

According to the CDC, Covid-19 and opioid overdoses caused the death rate for the U.S. population to increase 5 percent, lowering life expectancy at birth to 76.4 years in 2021 from 77 years in 2020. Interestingly, life expectancy in 2019 prior to the pandemic had risen to 78.8 years but the drop in 2020 was the largest since World War II. Our leading cause of death remained heart disease, followed by cancer. In addition, the CDC identified 106,700 overdose deaths among U.S. residents in 2021 – up 16 percent from 2020.



So Many Healthcare Workers

A scan of the 2023 healthcare workforce by the American Hospital Association expects 2 million more people to go to work in healthcare in the next decade. This represents 13 percent growth, which is far greater than in any other industry. What do these millions of healthcare workers do?

- Estimates from professional associations identify nearly 3 million registered nurses currently working in the U.S.
- 355,000 nurse practitioners are now licensed to practice in the U.S., up from 325,000 in 2021
- Nearly 10 million people work in lower-paying positions within our healthcare system, a number that is expected to rise to nearly 11 million in the next 5 to 10 years

One alarming trend that continues to intensify is the projected shortage of physicians. According to the Association of American Medical Colleges, the U.S. could face a shortage of 37,800 to 124,000 physicians by 2034. The projected shortage is actually down slightly compared to the association's 2020 estimate.

Note: 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.



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