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Subject: Aetna Insights Q3 Newsletter - For California producers and consultants



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Insights

For consultants and brokers

News you can use

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TOP STORY

The Transparency in Coverage rule

On October 29, 2020, a Transparency in Coverage final rule was released, requiring health plans and issuers to publicly disclose pricing information via **machine-readable files** by January 1, 2022.

On August 20, 2021, the Federal Departments of Labor (DOL), Health and Human Services (HHS) and Treasury (the Tri-Agencies) announced their intention to extend the effective date for certain portions of the Transparency in Coverage final rules, which are outlined below.

Machine-readable file	Effective date	Aetna® approach
Negotiated rates for in-network providers	Postponed until July 1, 2022, for plans with effective dates from January 1, 2022, to July 1, 2022	Aetna will continue to implement our strategy to meet the new deferred enforcement dates.
Billed charges and allowed amounts paid for out-of-network providers	Postponed until July 1, 2022, for plans with effective dates from January 1, 2022, to July 1, 2022	
Negotiated rate plans for prescription drugs dispensed by network pharmacies and historical net drug prices (including rebates)	Delayed indefinitely pending further rulemaking	

We're here to help

Aetna is responsible for complying with the machine-readable files on behalf of all of our fully insured plans. The files for fully insured plans will be posted by the Aetna legal entity and plan name to **Aetna.com**. There is no action required by the plan sponsor.

Self-funded plan sponsors are responsible for complying with the regulations. Aetna is committed to working with your clients to meet the machine-readable file requirements of the Transparency in Coverage final rule.

- For plan sponsors with more than 100 lives, Aetna will generate and make available the applicable machine-readable files for plan sponsors to post via a link (URL) on their public website. The link (URL) may also be posted to a customer's Aetna microsite (if applicable). Aetna will host the current month's files via the link (URL). After the first month, plan sponsors should retain their files according to their data retention policy.
- There may be a cost if the plan sponsor requires Aetna to store the files beyond the current month, or if a customized approach is needed. The machine-readable files will be updated monthly; however, the link (URL) should not change.
- For plan sponsors with fewer than 100 lives, Aetna will post the applicable machine-readable files by the Aetna legal entity and plan name to **Aetna.com**.

If your client chooses to work with a third party to ensure compliance with the machine-readable requirements, Aetna is prepared to provide their vendor with the required data elements in the CMS-defined JavaScript Object Notation (JSON) format.

We will continue to keep you updated as more information becomes available.



For more information, contact your Aetna representative.

The Consolidated Appropriations Act

On December 27, 2020, the Consolidated Appropriations Act (CAA) was released and includes, among other things, new transparency requirements and consumer protections from surprise billing (No Surprises Act) and new drug cost reporting (Title II). See the Legislative Update below for

updates on **patient protections against surprise medical billing**. Updates of other elements of this Act are outlined below.

Act requirements	Effective date	Additional details
Reporting on pharmacy benefits and drug costs	On hold until further rulemaking	Aetna® will continue to monitor requirements.
Price comparison tool	Delayed until 2023, at which time the rules are likely to be aligned with the Transparency in Coverage cost estimator tool requirements	This requirement is duplicative of the corresponding requirements in the Transparency in Coverage rules. Recognizing this overlap, the Tri-Agencies announced that they would defer enforcement of the CAA price comparison tool pending further regulations designed to align the requirements.
Advance Explanation of Benefits (EOB)	On hold until further rulemaking	Recognizing the need for further guidance on this requirement, particularly the need for standards for data transfers between providers and health plans, the Tri-Agencies announced that enforcement of this requirement would be deferred pending further rulemaking. We are partnering with a vendor to prepare ourselves to deliver the advance EOBs when further guidance is released.
Medical ID cards	January 1, 2022	Plans will not be deemed out of compliance if the ID card includes major medical deductibles and out-of-pocket maximums only, along with a telephone number and website to access additional deductibles and out-of-pocket maximums. Pending future rulemaking, we have deemed our ID cards to be compliant with these requirements.
Provider — continuity of care	January 1, 2022	Processes and procedures are being refined to ensure Aetna's compliance with these requirements, which are generally consistent with our existing standard practices.
Provider directories	January 1, 2022	Pending rulemaking, health plans will not be deemed out of compliance <u>as long as</u> members are only charged in-network cost-sharing rates if they obtain inaccurate provider network status information from our directory. Processes and procedures are being developed to ensure Aetna's compliance with these requirements.
Producer comp disclosures	January 1, 2022	Pending regulatory guidance, we are currently analyzing the requirements and developing a plan to comply with the requirements as written.

We will continue to keep you updated as more information becomes available.



For more information, contact your Aetna representative.



LEGISLATIVE UPDATE

Patient protections against surprise medical billing

Last December, Congress enacted the Consolidated Appropriations Act of 2021. Included was the No Surprises Act, which adopts a comprehensive approach to protecting consumers from surprise medical bills. CVS Health® strongly supported these important patient protections.

What does the No Surprises Act include?

On July 1, the Centers for Medicare & Medicaid Services (CMS), along with the Departments of Treasury and Labor and the Office of Personnel Management, released an interim final rule on Part 1 of these surprise billing requirements. The rule specifically addresses provisions on patient cost sharing and explicitly prohibits hospitals and doctors from billing patients for all emergency services and most out-of-network services at in-network facilities. The rule also clarifies certain payment standards and implements several requirements for group health plans, individual health insurance issuers, the Federal Employees Health Benefits Plan, providers, facilities and air ambulance services.

Notably, the rule does not address the independent dispute resolution (IDR) process or transparency provisions, topics that we expect to be covered in additional upcoming federal regulations.

When does the patient cost-sharing rule go into effect?

The surprise billing patient protections and payment requirements go into effect on January 1, 2022, and apply to all commercial health insurance issuers and group health plans. Based on guidance issued on August 20, 2021, plans will not be deemed out of compliance as long as they demonstrate a good faith reasonable interpretation of current legislation.

What else is coming?

The 117th Congress has a slew of legislative work to complete before adjourning for the year. We expect the ongoing negotiations over a planned infrastructure package and an accompanying budget to continue into the fall, with final action unlikely until October or November. This package will probably include a slight increase in the corporate tax rate to provide funding, an extension possibly permanent of the Affordable Care Act (ACA) tax credits due to expire at the end of the year, and potentially a legislative repeal of the Medicare Part D rebate rule, which was delayed by the courts until 2023.

Other health items are less likely, though still possible, including Medicaid expansion, Part D reforms and smaller prescription drug bills. As of this moment, we are not expecting legislative cuts to the Medicare Advantage program, but we are remaining vigilant. We support extending the ACA tax credits, although we do not support increasing the corporate tax rate. We are working with other stakeholders to advocate for alternative policies to fund health care spending, including savings from repeal of the rebate rule.

We will continue to keep you updated as more information becomes available.



To learn more, contact your Aetna representative.



EYE ON INNOVATION

Comprehensive support for successful selling

Open enrollment can be a hectic time for your clients and their employees. We're here to help by giving you the resources you need to provide them with a seamless OE experience.

Tap into our toolkit

Our ready-made open enrollment toolkit makes it easy for your clients to choose the materials that meet their and their employees' needs. Options include:

- **Virtual event support and communications.** We can support a full virtual enrollment experience through tailored invites, digital banners and webinars.
- **Educational materials and videos.** We have resources that highlight plan options, features and costs, so your clients can help their employees make informed decisions.
- **Personalized brochure and microsite.** We've improved the way we deliver plan, program and tool information, with a customized, client-specific OE brochure and microsite.



Ask your Aetna® representative for more information on how you can position your clients for success during open enrollment.



WHAT'S NEW?

Integrated Value Guarantee: Next-level savings for your customers

Both CVS Health® and Aetna® have long-standing commitments to their customers and members. Together, we're meeting (and exceeding) those commitments by delivering a health experience that's more caring, connected and closer to home.

The good news? It's working.

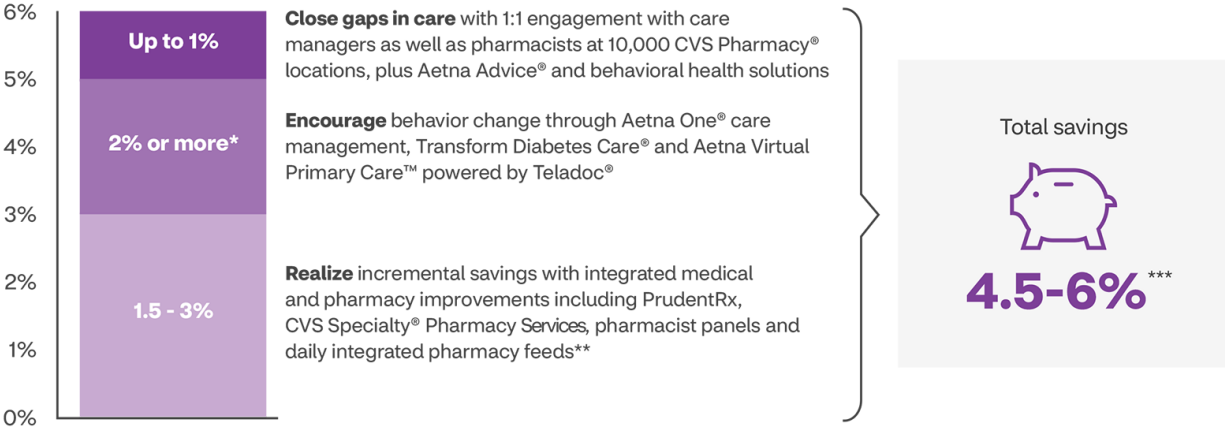
How we do it

Our unmatched human connections drive deeper personal engagement at critical points in a member's health journey, resulting in positive behavior change. That in turn leads to improved health outcomes and lower costs overall.



<p>Unrivaled Connections</p> <p>Building trusted relationships through connections only CVS Health and Aetna can deliver</p>	<p>Personal Engagement</p> <p>Increasing personalized member engagement with care managers, pharmacists and 24/7 digital access</p>	<p>Behavior Change</p> <p>Driving behavior change with continued engagement, connecting members to the care they need</p>	<p>Savings</p> <p>Improving utilization and population health, leading to medical cost claim savings</p>
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Improved results drive incremental savings



Our guarantee reflects a strategy to improve engagement and clinical outcomes. Over time, as our model and connections mature, engagement and behavior change will continue to improve.

*Higher level of engagement with Aetna One® care management advocacy programs will result in increased savings.
 **CVS Health® and Aetna® connected solutions required. Improvements realized incrementally over 3-year period.
 ***Projected savings refers to medical cost savings only.

[Click to enlarge](#)

Introducing Integrated Value Guarantee (IVG)

We're confident that as our model and connections mature, engagement and behavior change will grow and plan outcomes will improve.

We're so confident in our ability to create financial value for our customers that we actually guarantee it.



If your clients have greater than 1,000 enrolled medical and pharmacy lives effective 1/1/2022, reach out to your Aetna representative to learn more about IVG.



COVID-19

COVID-19 resources: Vaccination updates and more

Aetna® and CVS Health® have been at the forefront of the response to the COVID-19 pandemic, with testing solutions, vaccinations and reliable, up-to-date information. We will continue to be here for you and your clients with helpful resources, answers to frequently asked questions and support for onsite and remote employees.



Stay up to date by visiting the [COVID-19 resources for Employers and](#)



LOCAL FOCUS

Pharmacist Panel identifies opportunities for improved care

CVS Pharmacy® serves over 4.5 million customers every day. We're unlocking retail pharmacy's ability to deliver advanced health care services by tapping into the reach and expertise of a highly trusted clinician. We're also leveraging the most frequent interaction with members in health care. A patient may see their PCP 4 to 5 times a year but interact with a pharmacist 18 to 24 times a year.¹ To continue this support, effective June 1, 2021, Aetna® fully insured customers began receiving a new program benefit, Pharmacist Panel.

Pharmacist Panel is an integrated technology that analyzes a member's medical, prescription and lab data to identify opportunities for improved care. Based on the findings, an alert is sent to the pharmacist so they can:

- Gather behavioral insights on the member's health concerns, including adherence barriers and condition management
- Communicate personalized clinical guidelines and recommendations, like adding an ACE inhibitor for members with hypertension or adding an inhaled corticosteroid for members with asthma or COPD
- Connect the member with health plan resources such as Aetna care management

Pharmacist Panel adds a powerful layer of member outreach to our existing clinical programs. It's another way we align providers, resources and support to help members achieve their best health.

Who is eligible for this program?

Effective June 1, 2021, Pharmacist Panel was implemented for Aetna fully insured customers. Starting January 1, 2022, Pharmacist Panel will be available to self-funded customers who purchase the new Aetna One® care management portfolio with MedQuery.

How does the connection with care management work?

Aetna's "single nurse in the family" care managers will continue to be the clinician who owns the longitudinal care for our members. Nurses currently provide care gap considerations to members who are engaged. Pharmacist Panel will target members who are not engaged with the care management team, closing critical care gaps for members.

What can members expect from their experience with Pharmacist Panel?

As a member arrives to pick up their medication, they will be alerted at the register that the pharmacist needs to speak with them. The pharmacist tells the member that they are working in partnership with Aetna to help them on their path to better health. The pharmacist then provides counseling around gaps in care. If a member is eligible for care management but not yet engaged, there will be a flag in the system that requires the pharmacist to acknowledge they had a conversation about the care management program before they can advance to the next screen.



To learn more, watch this brief [video](#) or contact your Aetna representative.

¹CVS Health. Path to Better Health Study: Exploring consumer and provider views about how health care transformation will affect the delivery of localized, personal health solutions. July 19, 2019. Accessed August 25, 2021.

Early success for the Aetna Connected Plan with CVS Health™ in Southern California

Aetna Connected Plan with CVS Health is off to a strong start in Southern California, with 13 cases sold and more in the pipeline.

With Aetna® and CVS Health®, your clients get solid advantages for helping their employees live healthier lives. Our Aetna Whole Health HMO network and Aetna Value Network HMO in Southern California can be paired with the new Aetna Connected Plan with CVS Health plan designs. This bundle can give your midsize clients with 101 to 300 employees more savings and their employees more access to personal, convenient care when and where they need it.

How we're lowering costs* and improving access to care

Valuable employer and member savings

These include:

- 23% to 27% targeted savings** when employers pair the Aetna Connected Plan with CVS Health with the Aetna Whole Health — Southern California HMO network
- 10% to 14% targeted savings** when employers pair the Aetna Connected Plan with CVS Health with the Aetna Value Network HMO in California
- 20% off select CVS Health-branded health and wellness products***

A convenient and connected approach for all your clients' employees

They'll have access to:

- CVS® HealthHUB™ locations
- \$0 copay at in-network walk-in clinics, including MinuteClinic® locations
- CVS Pharmacy® locations and other in-network pharmacies
- Local networks for greater employee convenience
- Pharmacy coverage through the Aetna Managed Pharmacy Network
- Specialty medication through the Aetna Specialty Pharmacy Network, including CVS Specialty® pharmacy
- The Attain by Aetna® app



To learn more, contact your Aetna® representative.

*Varies by market and plan design.

**Actual results may vary based on plan design, group size and existing customers. Comparison is to Aetna® broad network HMO plans. Savings may be less when compared to other value-based or HMO network plans.

***The 20% savings is restricted to items purchased for the member, spouse or dependents. Excludes prescriptions, alcohol, tobacco, lottery tickets, postage stamps, gift cards, money orders, prepaid cards, photofinishing and CVS.com purchases, and the offer is not valid on items reimbursed by a governmental program.

Aetna Connected Plan with CVS Health™ are HMO plans offered and/or underwritten by Aetna Health of California Inc. (Aetna) with the Aetna Whole Health Southern California HMO Network or Aetna Value Network.

For a complete list of other participating providers and pharmacies, log in to Aetna.com and use our provider search tool.

CVS Pharmacy® Inc., and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic®-branded walk-in clinics) are part of the CVS Health® family of companies. Services vary by location. See store for details. The CVS Health group of companies provide certain products and services to health plans offered, underwritten and/or administered by Aetna®.

Plan availability will vary by county. Contact your Aetna® sales representative to see if your county is available to quote.

New California market president and West South Central territory lead

This past May, Jeff Hermosillo joined Aetna® as California market president and West South Central territory lead. He is responsible for driving growth for the West South Central territory, with full accountability for Key and Select Accounts, Small Group, Public & Labor, National Accounts, Medicare and Specialty Products. He reports to Kristen Miranda, senior vice president, Markets.

Jeff is a seasoned health care executive with a track record of strong results and an industry reputation for driving change. He comes to Aetna from Versant Health, where he served as executive vice president, Sales & Marketing. Prior to Versant, Jeff held numerous executive leadership positions on both national and regional levels in sales, marketing and business development at Collective Health, MCG Health and Blue Shield of California. Jeff earned his Bachelor of Arts in economics and sociology-organizational behavior from Stanford University.

Jeff will play a critical role in building and maintaining key external business relationships as we enhance existing offerings and develop new and innovative products and services. Additionally, he will provide oversight to market presidents for each West South Central market, to successfully develop and execute on our aggressive growth agenda.

Jeff's combination of skill, experience and laser focus on revenue growth and client success will make him an outstanding addition to the market's leadership team.

Sutter Health | Aetna performance network available to small group business in 2022

Effective January 1, 2022, small group businesses in Northern California can offer the Sutter Health | Aetna performance network to their employees as part of their Aetna plan offering. This new network offering will provide your small group customers' employees access to a local, connected network of providers, including those affiliated with Sutter Health, Stanford Health Care and Brown & Toland Physicians; as well as access to all Sutter Walk-In Care, MinuteClinic® or CVS® HealthHUB™ location.

The Sutter Health | Aetna performance network aims to provide sustainable affordability and efficiency with transparent and predictable costs. In a recent comparison against Aetna's Northern California book of business, our findings highlight*:

- 13% lower medical claims cost
- 12% lower inpatient facility claims cost

- 10% lower specialist facility claims cost
- 15% lower ambulatory facility claims cost
- 9% lower retail pharmacy claims cost

Also, if you are selling to plan sponsors with 101-7,500 eligible employees, don't forget to take advantage of the Sutter Health | Aetna Broker Bonus Programs:

- **Earn \$50 per member for each fully insured case with 101-7,500 eligible employees**
- **Earn \$25 per member for each self-insured case with 101-7,500 eligible employees**



To learn more, contact your local sales representative or visit SutterHealthAetna.com.

*Actual results may vary. Data analysis represents entire Sutter Health | Aetna membership population in comparison to Aetna commercial membership population within the Sutter Health | Aetna service area. Data is from a two-year time period including a pandemic year between January 1, 2019 through October 31, 2020. All figures are risk-adjusted using retrospective risk scores.

Sutter Health | Aetna is the brand name used for products and services provided by Sutter Health and Aetna Insurance Company. Health plans are administered by Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna). Sutter Health | Aetna is an affiliate of Sutter Health and its affiliates (Sutter) and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna and Sutter provide certain management services to Sutter Health | Aetna.

Aetna®, CVS Pharmacy®, Inc., which owns CVS® HealthHUB™ locations, and MinuteClinic®, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

CVS® HealthHUB™ services are available only in select stores™ and the services offered may vary by location. See your CVS HealthHUB store for details. Pharmacy services provided by CVS Pharmacy®, Inc. Clinical services within a CVS HealthHUB location provided by a MinuteClinic® nurse practitioner or physician assistant except if otherwise indicated.

What would you like to see in our next edition of *Insights*?

If you have feedback, questions or ideas, .

Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna is part of the CVS Health® family of companies.

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This message is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to for more information about Aetna® plans.

Help/contact us:

If you have any questions, please .

Want to stop receiving messages like these through email? at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

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JOINT VENTURE BONUS PROGRAM FULLY INSURED

Earn more in 2021

Earn \$50 per member for each fully insured case with 101-7,500 eligible employees

Reap your rewards

We've expanded our product offerings to include fully insured products featuring the Sutter Health | Aetna network. These plans offer the same industry-leading service, technology and administration that you're used to while delivering greater affordability* and an enhanced member experience through our relationship with Sutter Health | Aetna. To celebrate this innovative approach, you can get an extra bonus for the sale of our fully insured products featuring the Sutter Health | Aetna network.

Appealing to your clients, worthwhile for you

We've designed our fully insured Aetna plans to be attractive to your clients. By leveraging the strengths of the Sutter Health | Aetna network, we offer affordable, quality health plans, expand access to local care, create value for employers and provide a more convenient member experience.

*Savings are based on comparison with Aetna's broad network plans.

[Aetna.com](https://www.aetna.com)

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Here's how it works

When you sell a new group with 101–7,500 eligible employees with enrollment in an Aetna fully insured plan featuring the Sutter Health | Aetna network, **you're eligible to get the following bonus:**

\$50 for each member

When you sell an Aetna fully insured plan featuring the Sutter Health | Aetna network to a group with 101 –7,500 eligible employees

This is in addition to any National Producer Programs for which you may be eligible.

Program rules and details:

- Bonus program applies to new Aetna fully insured plans featuring the Sutter Health | Aetna network with effective dates between January 1, 2021 and December 31, 2021.
- Credits will be paid quarterly, 60 days from the end of the quarter.
- Applies to new groups with 101–7,500 eligible employees.
- Case must be active at the end of the program year to be eligible for payment.
- Payment will be submitted under one Tax Identification Number (TIN). We will not split payments from multiple brokers or Tax IDs.
- Bonus not applicable for General Agents or e-vendors.
- Aetna reserves the right to change, discontinue or adjust the program at any time.
- You can keep earning until you reach \$150,000 (maximum payout per broker).



Call your Aetna sales professional for more information.

Health insurance plans are underwritten by Aetna Life Insurance Company. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

[Aetna.com](https://www.aetna.com)

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JOINT VENTURE BONUS PROGRAM SELF-INSURED

Earn more in 2021

Earn \$25 per member for each self-insured case with 101–7,500 eligible employees.

Reap your rewards

Sutter Health and Aetna have created a jointly owned company named Sutter Health | Aetna, which focuses on improving quality, affordability and the overall consumer experience. It represents two leading health care organizations coming together to fundamentally transform the health care experience for members and employers in Northern California. To celebrate this innovative approach, you can get an extra bonus for the sale of Sutter Health | Aetna products.

Appealing to your clients, worthwhile for you

We've designed our Sutter Health | Aetna plans to be attractive to your clients. By leveraging the strengths of Sutter Health and Aetna, we offer:

- Affordable and quality health plans
- Expanded access to local care
- Added value for employers
- A more convenient member experience

SutterHealthAetna.com



Here's how it works

When you sell a new group with 101–7,500 eligible employees with enrollment in a Sutter Health | Aetna plan, **you're eligible to get the following bonus:**

\$25 for each member

When you sell a new self-insured Sutter Health | Aetna Funding Advantage plan to a group with 101 – 7,500 eligible employees

This is in addition to any National Producer Programs for which you may be eligible.

Program rules and details:

- Bonus program applies to new Sutter Health | Aetna self-insured sales with effective dates between January 1, 2021 and December 31, 2021.
- The program applies to members enrolled in the Sutter Health | Aetna product.
- Credits will be paid quarterly, 60 days from the end of the quarter.
- Case must be active at the end of the program year to be eligible for payment.
- Payment will be submitted under one Tax Identification Number (TIN). We will not split payments from multiple brokers or Tax IDs.
- Bonus not applicable for General Agents or e-vendors.
- Sutter Health | Aetna reserves the right to change, discontinue or adjust the program at any time.
- You can keep earning until you reach \$150,000 (maximum payout per broker).



Call your Sutter Health | Aetna sales professional for more information.

Sutter Health | Aetna is the brand name used for products and services provided by Sutter Health and Aetna Administrative Services LLC. Health benefit plans are administered by Sutter Health and Aetna Administrative Services LLC. Sutter Health | Aetna is an affiliate of Sutter Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna and Sutter Health provide certain management services to Sutter Health | Aetna.

Company records determine broker's eligibility and final results. Awards will be considered income and fully taxable. Programs are subject to modifications at any time and will be administered at the sole discretion of Sutter Health | Aetna. This material does not constitute a contract. Eligibility for participation in this program is conditioned on the broker's advance written disclosure to customers of the nature of this compensation the broker may be entitled to receive from Sutter Health | Aetna. More detail concerning disclosure statements can be found by accessing our producer agreement. Aetna Funding Advantage is a trademark of Aetna Inc. and licensed to Sutter Health | Aetna.

[SutterHealthAetna.com](https://www.SutterHealthAetna.com)

