Inbox Influence

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YOU NEVER GOT BACK TO ME WITH YOUR ANSWER.
YES, I DID.
Dilbert.com @ScottAdamsSays
I SPENT THREE HOURS WRITING AN EMAIL THAT TELLS YOU ALL YOU NEED TO KNOW.
WHAT DID IT SAY?
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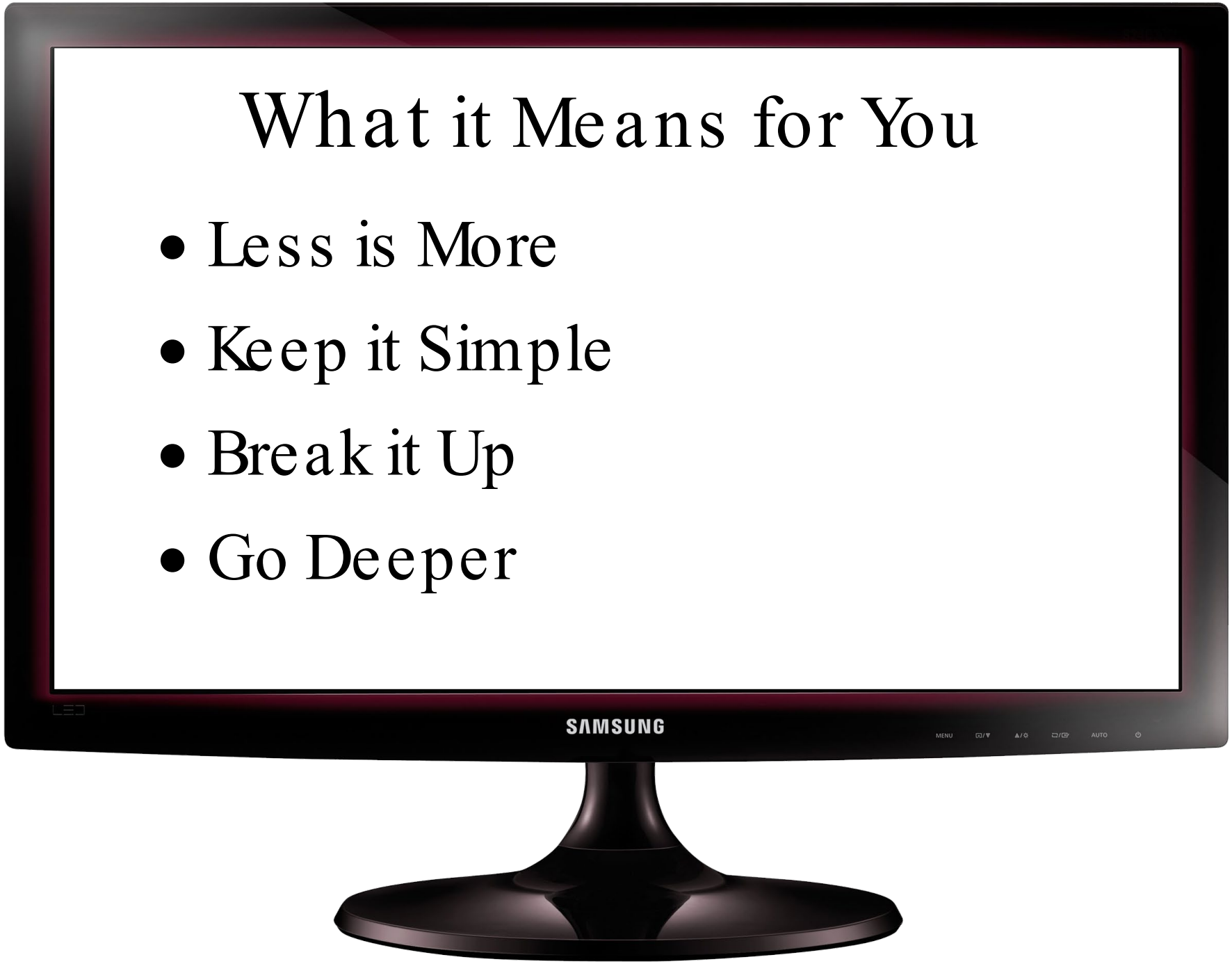
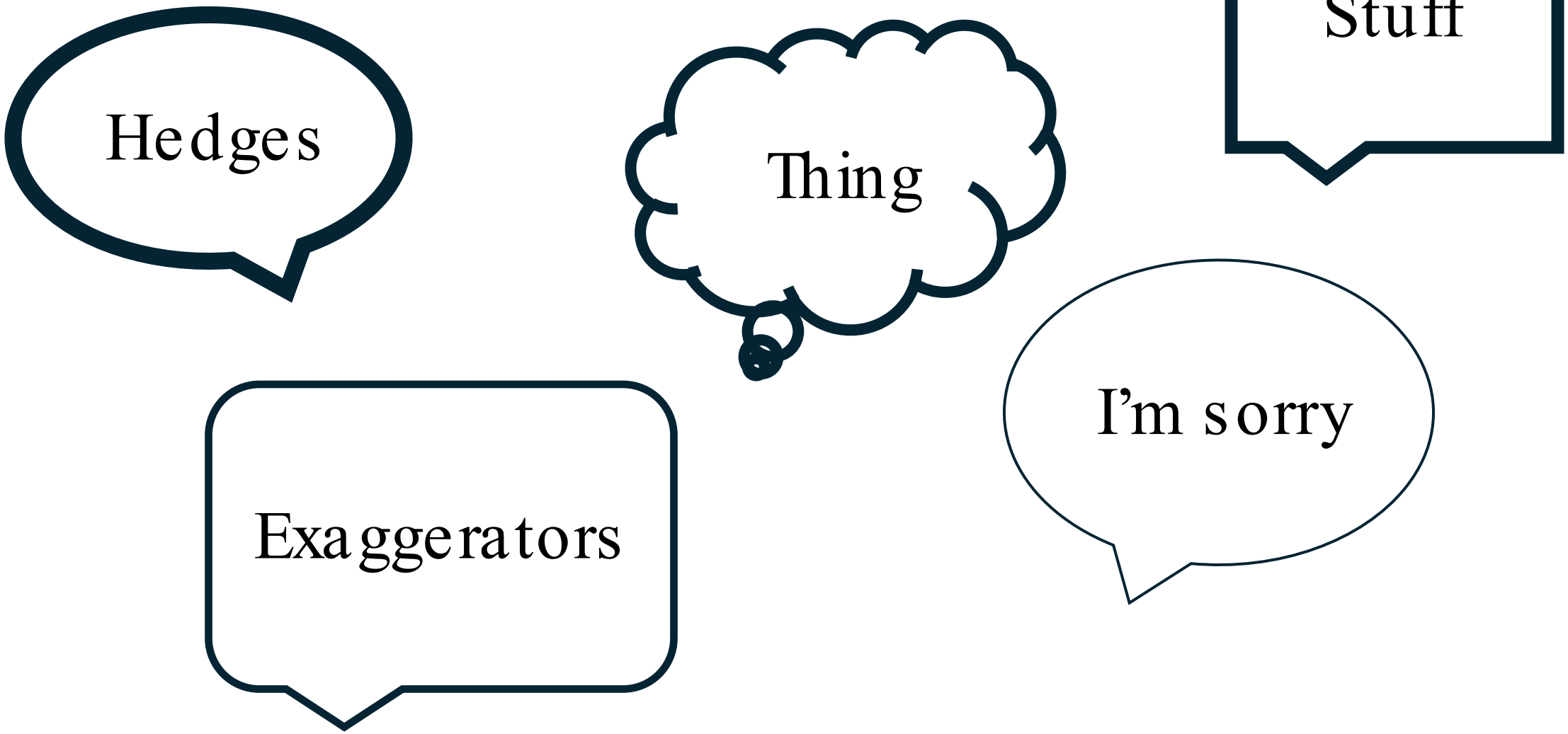
The State of Play:

- The average human attention span is now 8.25 seconds. (Microsoft)
- 60% of people switch screens every 10 seconds. (Deloitte)
- 80% of users don't scroll past the first screen on their phones. (Statista)
- The average reader spends 26 seconds on a piece of content. (axios)
- Articles with scannable headings retain 40% more readers. (Nielsen Norman Group)


What it Means for You
• Less is More
• Keep it Simple
• Break it Up
• Go Deeper
SAMSUNG

Let's Talk Language



Writing Across Formats and Audiences

- Email
- Board
- Executive
- Legislative
- Internal

McBreen, Katie

To 'SCAN@lms.bcbs.com'

Reply | Reply All | Forward

Fri 6/27/2025 4:04 PM

Retention Policy Email - Retain Permanently (Never) Expires Never

Internal

Dear SCAN colleagues,

Thank you for your continued efforts to amplify our joint announcement with AHIP on prior authorization through your Plan newsrooms. The news has garnered national media attention, including coverage in Axios, Bloomberg, Forbes, KFF Health News, Modern Healthcare and Time. Please send us any examples of local coverage in your markets. Here are three things for this week:

1. **Responding to media requests:** This week, BCBSA received an inquiry from CNN about GLP-1s, which was prompted by one Plan announcing an end to coverage of the medications. We will post our response to the Media Center on BlueWeb once it is finalized. We also received a request from *Modern Healthcare* for comment on the U.S. Supreme Court ruling to preserve preventive care requirements under the Affordable Care Act. While we were not included in their initial story, our statement is available on BlueWeb.

2. **Expanding the reach of the Blue Value Story:** In addition to the Milliman Total Cost of Care (TCOC) talking points and key slides on BlueWeb, which show our national TCOC is 7% lower than our competitors', we've also added a key messaging document tailored for communicators, highlighting the TCOC competitive advantage for a broader audience and connecting more concretely to our affordability solutions. As a reminder, the full TCOC toolkit, along with additional messaging and insights, is available to members of the B2B Marketing Collaborative. Please reach out to Jackie Braun to join or learn more.

3. **Highlighting our continued commitment to youth mental health:** Next week, Boys & Girls Clubs of America will bring together trauma-informed specialists from across the country for a training and networking event. More than 25% of the specialists who will attend were trained through funding from The Blues' multi-year investment. On behalf of BCBS companies, we will present the inaugural National Impact Award to a specialist who has demonstrated their commitment to supporting youth mental health. Later this summer, the Association will provide content from this event for your teams to leverage on social media, promoting our continued focus on youth mental health and our partnership with BGCA.

Have a great weekend!

Katie

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Katie McBreen
Corporate Affairs
DATE

Bi-Weekly Update Memo

Decisions

Topic Name	Question	Recommendation

Guidance

Topic Name	Issue for Clarification or Input

FYIs & No Surprises

Topic Name	Update

Top 10 Projects

Project Name	Status	Description

Smart Brevity: Short, Not Shallow

- Lead with what's new and why it matters
- Use bolding, bullets, white space
- Avoid jargon
- Write like a human
- Stop when you've said enough

The Memo

- 1247 words
- Highly technical
- Long paragraphs
- All content treated equally
- Lacks a point of view

impact of the 8-to-10-month gap between the end of the benefit year when claims are incurred and the issuance of risk adjustment charges and allocation of payments for that benefit year. No action was taken on this issue in the final rule. CMS thanked commenters for their feedback and stated that the comments would be taken "into consideration in future rulemaking as applicable."

- **Preserving Pharmacy Benefit Affordability Tools.** CMS previously indicated it intended to issue future rulemaking to address the decision from *HIV and Hepatitis Policy Institute et al. v. U.S. Department of Health and Human Services et al.* regarding the definition of "cost-sharing." This provision was not included in the final rule. Any future changes to this definition addressing the treatment of drug manufacturer support to the annual limitation on cost sharing (i.e., copay assistance) will determine issuers' ability to implement copay accumulator programs.

- **Reducing the Risk of Issuer Insolvency.** CMS solicited comments on methods the agency could potentially employ, in partnership with State regulators, to reduce the risk that issuer insolvencies pose to the integrity of the FFEs. No action was taken on this issue in the final rule. CMS stated that they will take the comments that were received into consideration in future rulemaking.

- **Medical Loss Ratios.** CMS finalized their proposed changes to the Medical Loss Ratio (MLR) reporting and rebate calculations for certain plans that enroll underserved consumers with high health needs with two significant modifications. First, the proposed definition of a "qualifying issuer" as an issuer will be based on a three-year aggregate ratio of net risk adjustment, risk corridor, and reinsurance payments to net premiums that is greater than 50%. Second, the alternative treatment of risk adjustment payments will be optional for qualifying issuers, rather than mandatory.

- **Standardized Plan Options.** Several changes were made to the expanded bronze standardized plan design from what was proposed, which was partly in response to comments from BCBSA. Otherwise, CMS finalized their proposal to largely follow the approach for 2025, only making minor updates to plan designs to ensure the AV falls within the permissible metal level range. In addition, CMS finalized their proposal, with a minor modification, to require issuers that offer multiple standardized plan options within the same product network type, metal level, and service area to meaningfully differentiate these plans from one another in terms of included benefits, provider networks, and/or included prescription drugs.

- **Premium Payment Thresholds.** CMS is finalizing allowing FFM and SBM-FP issuers to implement a fixed dollar premium payment threshold of $10 or less (adjusted for inflation) and/or one of two percentage-based premium payment thresholds – a net premium threshold or a gross premium threshold – to avoid triggering a non-payment grace period, at the end of which enrollees must pay the full amount of their premium due to avoid losing coverage. CMS is finalizing a net percentage-based premium threshold of 95% or higher and a gross percentage-based threshold of 98% or more.

- **Addressing Allowable Cost-Sharing Reduction (CSR) Loading.** CMS is finalizing language codifying that CSR loading practices are allowed when the adjustments are actuarially justified and follow state law, provided the issuer does not otherwise receive reimbursement for such amounts.

satisfaction.

  - **Model Consent Form.** CMS is finalizing updates to the model consent form to help document that a consumer or their authorized representative reviewed and confirmed the accuracy of their eligibility application information before their application was submitted to a Marketplace.

- **Exchange User Fees.** For the 2026 benefit year, CMS finalized an FFM user fee rate of 2.5% and SBM-FP user fee rate of 2.0%. Recognizing the impact of enhanced Premium Tax Credit subsidies, CMS also finalized an alternative set of user fee rates. If the enhanced subsidies are extended through the 2026 benefit year by July 31, 2025, the FFM user fee rate would be 2.2% and the SBM-FP user fee rate would be 1.8%.

- **Risk Adjustment.** Most all proposals were finalized by CMS. In addition to the slightly higher than proposed RA user fee, CMS clarified about generic exclusions and hierarchies for the pre-exposure prophylaxis (PrEP) Affiliated Cost Factor (ACF).
  - **Hep C Phase-out.** CMS finalized the proposal to begin phasing out the market pricing adjustment to plan liability associated with Hep C.
  - **Affiliated Cost Factor (ACF).** CMS finalized the addition of PrEP as an ACF in the adult and child risk adjustment models beginning with the 2026 benefit year. CMS finalized the exclusion of generic versions of PrEP from the PrEP ACF and are finalizing the placement of the PrEP ACF in the adult models in a hierarchy below RXC 1 (Anti-HIV Agents) without defining any hierarchical relationship between the PrEP ACF and HCC 1 (HIV/AIDS). In the child models, which do not contain RXCs, CMS finalized the placement of the PrEP ACF in a hierarchy below HCC 1.
  - **HHS-RADV.** Beginning with the 2025 benefit year of HHS-RADV, CMS finalized the proposals to exclude enrollees without HCCs, which includes adult enrollees with only prescription drug categories (RXCs), from the IVA sample, remove the Finite Population Correction (FPC) from the IVA sampling methodology, and replace the source of the Neyman allocation data used for HHS-RADV sampling with the most recent 3 consecutive years of HHS-RADV data. In addition, beginning with the 2024 benefit year of HHS-RADV, CMS finalized the proposals to modify the SVA pairwise means test, which tests for statistically significant differences between the IVA and SVA results, to use a bootstrapped 90 percent confidence interval methodology and to increase the initial SVA subsample size from 12 enrollees to 24 enrollees. Finally, CMS finalized the materiality threshold of $10k to re-run HHS-RADV after a successful appeal.
  - **RA User Fee.** The risk adjustment user fee is finalized at $0.20 PMPM ($0.02 PMPM higher than proposed) as CMS assumes that the enhanced PTC subsidies will expire at the end of 2025.

- **Time Value of Money in Risk Adjustment.** CMS solicited comment on the

TO:	Employer and Exchange Policy Workgroup Actuarial Workgroup Risk Adjustment Task Force
FROM:	Sarah Heard Managing Director, Legislative and Regulatory Policy Vincent Varvaro Senior Policy Analyst

CMS Releases Final 2026 NBPP

Jan. 13, 2025 — Late this afternoon, the Centers for Medicare and Medicaid Services (CMS) released the final 2026 Notice of Benefit and Payment Parameters (NBPP).

CMS generally finalized the policies in October's Proposed Rule, with changes to enforcement actions against agents and brokers, and risk adjustment recalibration. Highlights of the final rule include the following:

- **Preventing Unauthorized Enrollments and Plan Changes.** CMS adopted several policies aimed at preventing unauthorized enrollments and plan changes and holding agents and brokers who participate in fraudulent behavior accountable.
  - **Compliance Reviews and Enforcement Against Lead Agents.** CMS will utilize the same authorities against lead agents that are currently used to engage in compliance reviews of and enforcement actions against agents, brokers, and web-brokers. For CMS, a 'lead agent' "generally refers to any person who registers or maintains a business within a State and/or any person who registers a business NPN with the Exchange, who typically is an executive or person with a leadership role within an agency."
  - **System Suspension Authority.** CMS will impose system suspensions when CMS discovers circumstances that pose unacceptable risk to the accuracy of the exchange's eligibility determinations, exchange operations, applicants or enrollees, or exchange information technology systems until the circumstances of the incident, breach, or noncompliance are remedied or sufficiently mitigated to CMS'

We are preparing a detailed comparison of the final NBPP to the proposed NBPP which we will distribute to Plans as soon as possible.

Links:

- Final NBPP: https://www.federalregister.gov/public-inspection/2025-00640/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2026
- Fact Sheet: HHS Notice of Benefit and Payment Parameters for 2026 Final Rule | CMS

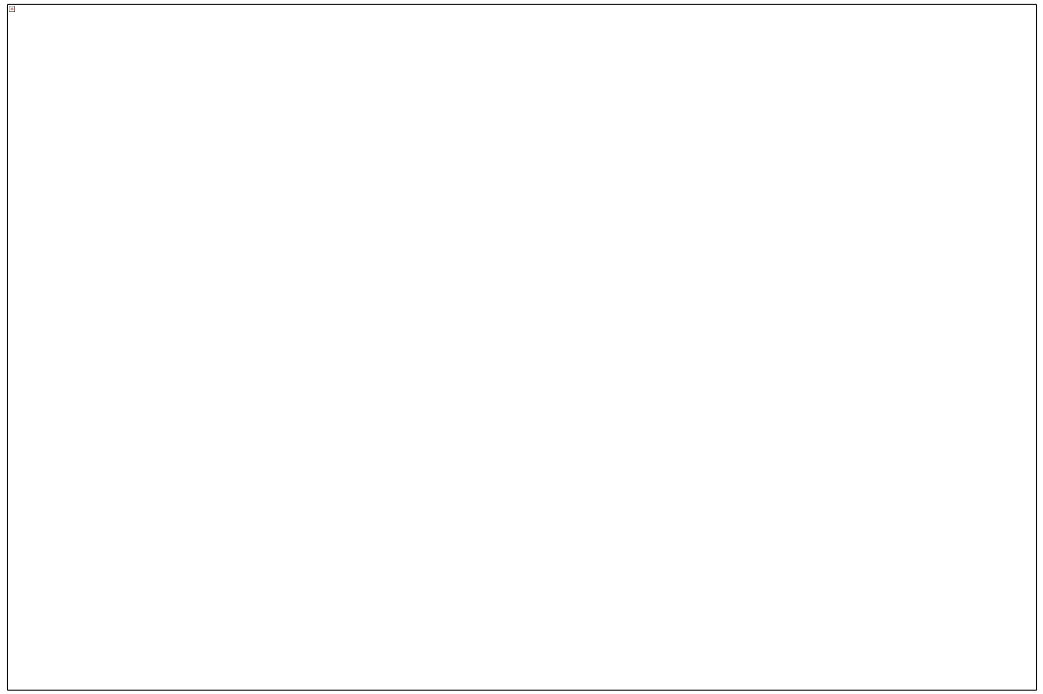
BlueCross BlueShield Association

The Brief

By Team BCBSA • Jan 16, 2025

Smart Brevity® count: 3.5 mins...929 words

1 big thing: CMS releases benefits and payment parameters for 2026 plans



The final rule and accompanying fact sheet that CMS released on Monday sets the guidelines for how health plans selling insurance on federally facilitated and state-based exchanges design payment structures and products.

The details: In general, CMS finalized the policies detailed in its proposed 2026 Notice of Benefit and Payment Parameters, for which BCBSA submitted recommendations in November.

Specifically, CMS finalized provisions to:

- **Prevent** unauthorized enrollments and plan changes and hold agents and brokers who participate in fraudulent behavior accountable by implementing system and enforcement changes
- **Modify,** and make optional, how certain plans that enroll underserved consumers with high health needs report and calculate Medical Loss Ratio (MLR) rebates

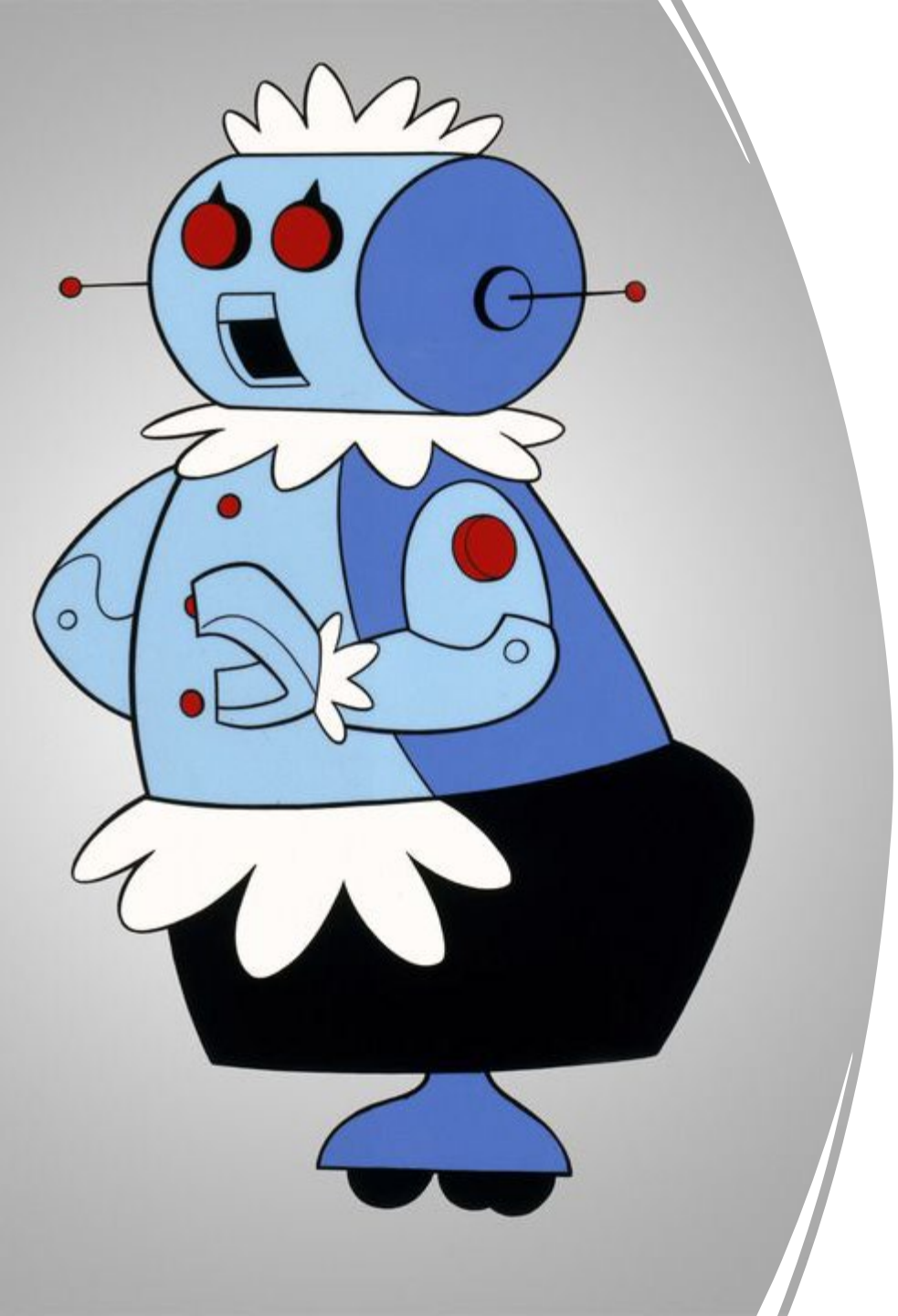
Yes, but: BCBSA provided recommendations on additional provisions for which CMS did not take action:

- **Preserving pharmacy benefit affordability tools**, such as copay accumulators and copay maximizer programs, to lower patients' out-of-pocket costs for prescription drugs
- **Reducing the risk of issuer insolvency** to protect consumers from issuers' poor market pricing that puts enrollees' coverage and care at risk
- **Ensuring the stability of the risk adjustment system** by implementing interest adjustments on RA transfers between insurers

Our thought bubble: We are pleased that CMS is taking further actions to protect consumers against unscrupulous agents and brokers that jeopardize their coverage and appreciate the changes made to the now-optional MLR rebate calculation.

- **We will continue** to look for opportunities to advocate for the changes we recommended but were not finalized in this rule.

Dig deeper: For more on our initial assessment of the final rule, read our memo to Plans.



Harnessing AI for Effective Communication

- Summarize long content
- Rewrite in Smart Brevity style
- Generate subject lines
- Use tools like ChatGPT, Copilot, Grammarly
- Generate content from content

Questions?