

Trends

Statistics and Strategies for Health Plan Sponsors

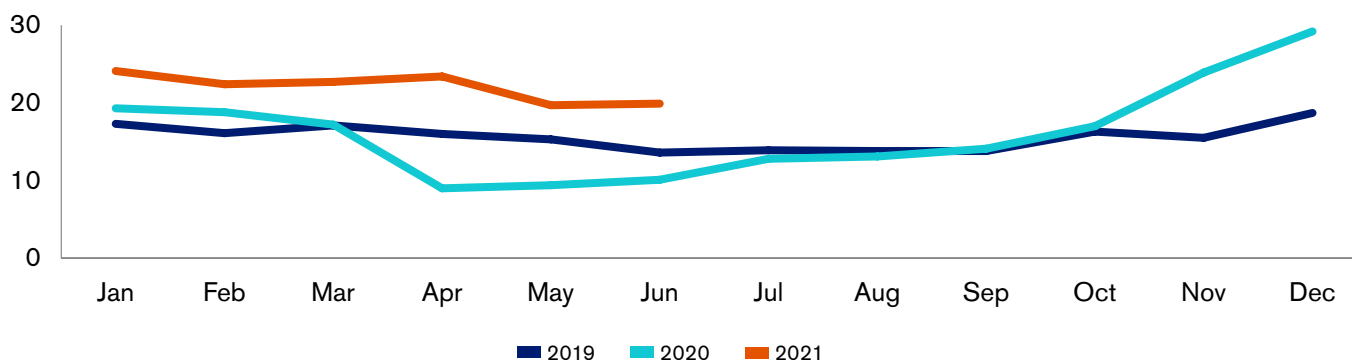
Fourth Quarter 2021

Key statistics

Urgent care utilization pre-pandemic vs. during pandemic

Use of urgent care settings increased in Q4 2020 and remained higher than pre-pandemic levels through Q2 2021. In 2020, use of emergency rooms (ER) declined. Non-emergent ER care was most likely shifted to urgent care locations.

Urgent Care Visits Per 1,000



Source: Segal SHAPE database, 2021

What plan sponsors are doing to manage plans: selected strategies

Evaluate and address social determinants of health to improve mental health

One fifth of the U.S. adult population has a mental health (MH) condition. Social determinants of health (SDOHs) play a major role in the development of MH. SDOHs are non-medical factors, such as socioeconomic status, race and ethnicity, education-level, age and gender as well as access to housing, food and transportation, that impact health. It's important to evaluate how these factors influence MH in order to implement targeted, effective solutions. Addressing SDOHs can reduce health disparities and improve overall well-being.

During the pandemic, certain groups of individuals experienced worse MH because they were disproportionately impacted by SDOH experiences that drive psychological distress.

Racial and ethnic minorities are particularly vulnerable to poor MH. Rates of MH among racial minorities are lower, but persistence and severity are higher, compared to White populations. Additionally, minorities are less likely to get MH treatment. During the pandemic, minorities were more likely to experience food insecurity, housing insecurity and loss of income. Furthermore, minorities are more likely to live in places designated as health professional shortage areas and in regions without broadband. For these reasons, racial and ethnic minorities are more likely to experience psychological distress and lack access to MH care.

Youths also experienced worse MH during the pandemic. Studies show that the prevalence of anxiety and depression, as well as the proportion of MH-related ER visits, significantly

increased among children and adolescents from 2019 to 2020. During the pandemic, Black and Hispanic children from lower-income households, or that attended school remotely rather than in person were more likely to experience MH challenges. Teachers and schools play a critical role in identifying MH among and providing MH services to youth. The distress brought on by the pandemic may have long-term MH consequences, specifically for younger generations, so it's important to address their care needs now.

Here are several strategies for plan sponsors to address SDOHs and reduce barriers to and improve MH care:

- Work with insurers to evaluate and ensure access to in-network MH providers.
- Implement telehealth and digital solutions to expand MH care options. The benefits of telehealth include more convenience, shorter wait times and access to more providers with the same effectiveness as in-person treatment. Text-based MH care may be more appealing to children, adolescents and young adults who are comfortable with this technology. Help participants obtain access to broadband so they can use virtual care options.
- Raise awareness about MH among participants. Invest trainings that teach participants how to identify MH distress so that colleagues can support each other. Deploy anti-stigma campaigns. Encourage leaders to share their experiences with MH to reduce stigma.
- Communicate available MH resources. MH benefits are confusing. Participants may not know what's available. Communicate in culturally relevant ways.
- Use data mining to identify populations with high prevalence of MH or those not getting MH treatment. Evaluate how SDOHs are impacting your population's MH and implement strategies that directly address care needs of those individuals.
- Implement performance guarantees. Evaluation measures to consider include time between booking and the actual appointment, the number of provider specialists, productivity and absenteeism, active and sustained participant engagement and the costs of clinically validated measures.

Compliance reminders

Update on enforcement of No Surprises Act and transparency rules

Plan sponsors must move quickly to implement the No Surprises Act (Act) for plan years beginning on or after January 1, 2022. Payments for emergency services and out-of-network services may change significantly. Notices must be posted on plan websites and plan amendments must be adopted. Certain portions of the Act are delayed.

Read our August 23 [insight](#) and refer to our [timeline](#) for details.

Guidance on providing wellness incentives for COVID-19 vaccination

The Departments of Health and Human Services, Labor and Treasury released guidance stating that plan sponsors are allowed to offer wellness incentives to participants based on COVID-19 vaccination status. The incentives must satisfy the criteria for activity-only health-contingent wellness programs.

Learn more about this in our October 6 [insight](#).

Clarification of COBRA premium payment deadlines during pandemic

The IRS released guidance that clarifies how the extension of the national emergency impacts COBRA premium payment schedules.

See details in our October 19 [insight](#).

To discuss the implications for your plan of anything covered here, contact your Segal consultant or [get in touch via our website, segalco.com](https://www.segalco.com).

This *Trends* was published in late November 2021. To see previous issues or other Segal publications, [visit the insights page of our website, segalco.com](https://www.segalco.com).

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