

COVID-19 DIGITAL LISTENING for

HEALTH INSURANCE

Group and Individual Benefits Insights and Competitor Trends

05.01 – 05.14 BRIEFING



MARKETBRIDGE

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1 Insurers continue to recognize the need to accommodate members' emotional health.

WHAT IS HAPPENING

Insurers recognize members have an increased need for behavioral health resources and have made investments to support emotional wellness during Mental Health Awareness month.

- Centene is investing in provider training and support, 'warmlines' call centers, and Mental Health First Aid (MHFA) through a series of partnerships to boost behavioral health access for in-need communities.
- Independence Blue Cross is working with the city of Philadelphia to bring mental health awareness to the community during Mental Health Awareness Month.

WHAT ARE THE DETAILS



- Training hundreds of clinicians and supporting front-line providers dealing with COVID-19 and mental health-related challenges.
- Donating to local organizations coping with an increase in demand for 'warmlines' that provide early interventions for potential mental health crises.
- Investing to help the National Council for Behavioral Health (NCBH) transition training to a virtual program.



- Helped launch the city's new website, MindPHLtogether.com, to make mental health resources available for Philadelphians.
- Encouraging Philadelphians to seek help for themselves and others, and reduce the stigma associated with needing mental health support.

WHY THIS IS IMPORTANT

Insurers continue to recognize behavioral health is an integral part of providing whole health member support.

IMPLICATION

Insurers should continue to introduce supportive programs for members' unique behavioral health needs, starting with communities that may be most severely impacted by COVID-19.

2

Insurers to offer premium rebates for commercial and individual plan members.

WHAT IS HAPPENING

Insurers are implementing premium rebates for their commercial and individual health plan members.

- Premiera Blue Cross is providing \$65 million in rebates to its individual and commercial plan members because many "customers have paid for care they have been unable to fully access" while under stay at home orders.
- UnitedHealthcare will distribute a total of \$1.5 billion in financial relief for its 8.2 million members enrolled in commercial and individual health plans.

WHAT ARE THE DETAILS



- More than 200,000 commercial and individual plan members will receive up to \$65 million in premium relief in the coming months.
- Small and large group customers will receive \$25 million in premium relief, starting with the August billing cycle.
- Accelerating \$40 million in ACA-required rebates to individual customers that would normally be distributed at the end of 2020.



- Members enrolled in fully-insured commercial and individual health plans will receive a 5% to 20% premium credit on their June billing cycles.
- Insurers are required to provide rebates to commercial and individual health plans under the Affordable Care Act, however UHC indicated "the vast majority" of the financial relief is not tied to these required rebates.

WHY THIS IS IMPORTANT

Insurers understand members are not using their health plans as much as normal and are issuing rebates as a result.

IMPLICATION

Because consumers are not using their health plans as much, they are more likely to identify health plans as an area to cut costs during times of financial hardship. Speeding up and expanding yearly rebates will likely increase customer loyalty during the pandemic.

3 Cigna to implement a Customer Protection Program to eliminate surprise billing.

WHAT IS HAPPENING

Cigna's Customer Protection Program is meant to stop out-of-network providers from surprise billing members for COVID-19 related treatment.

- Insurers are not covering cost-sharing for out-of-network COVID-19 related treatment. If a member receives treatment through an out-of-network provider, they may experience unexpected bills.
- Cigna's new program will ensure out-of-network providers are quickly reimbursed at standard market rates while also reporting excessive billing practices to regulatory officials.

WHAT ARE THE DETAILS



Instituted multiple measures to help its members avoid surprise bills if they receive COVID-related care from out of network providers:

- Quickly reimburse out-of-network providers at a reasonable market rate.
- Advocate on behalf of patients to resolve surprise billing from out-of-network providers.
- Report excessive billing practices to state and federal regulatory officials and will exercise full legal options.
- Increase awareness and advocate broader consumer protections against surprise billing, throughout COVID-19 and beyond.

WHY THIS IS IMPORTANT

Cigna is trying to further remove barriers to care for members during the COVID-19 crisis.

IMPLICATION

Members are avoiding treatment for COVID-19 because they are worried about unexpected medical bills. Cigna's program is ensuring members seek care for COVID-19-related symptoms without hesitation.

4 Insurers are utilizing member data to target at-risk groups.

WHAT IS HAPPENING

Insurers are using data to monitor and engage members who are at risk or symptomatic of COVID-19.

- Cigna recently launched real-time digital monitoring capabilities to support its members diagnosed with COVID-19.
- WPS Health Insurance developed a COVID-19 Response Team to check-in with high-risk members.

WHAT ARE THE DETAILS



- Partnered with Collective Medical to identify customers checking into emergency care with COVID-19 symptoms.
- Partnered with Mediocity to launch a digital tool that helps members track COVID-19 symptoms and connect with care advocates.
- Reaching out to customers with severe symptoms to connect them with programs and resources to support their whole health.



- Checking on high-risk members with direct phone calls from a COVID-19 Response Team.
- Contacted over 500 members since April 21st, providing them with telehealth and prescription delivery guidance and answering any outstanding questions.

WHY THIS IS IMPORTANT

Insurers are using data to aid in the prevention and mitigation of COVID-19.

IMPLICATION

Health insurers should consider ways to leverage its available member data and make it actionable to mitigate the COVID-19 crisis. Preventative and educational measures taken by insurers could reduce the long-term impact of COVID-19 in the U.S.

5 Nevada to reward agents for effective social distancing marketing and outreach strategies.

WHAT IS HAPPENING

Nevada's Silver State Health Insurance Exchange is opening applications for its 2021 broker/agent grant program.

- Agents, brokers and navigators will receive funds to assist them with marketing and outreach during the exchange's open enrollment season this fall.
- The exchange is encouraging applicants to develop programs that are CDC-compliant to address the COVID-19 pandemic.

WHAT ARE THE DETAILS



- Applicants are expected to focus on how to implement proper social distancing in their campaigns to limit the spread of COVID-19 in Nevada
- Broker and agent applicants need to provide detailed outlines for how they plan to use the grant funds for marketing, outreach and operational costs associated with assisting the health exchange customers.
- The exchange representatives are "confident our brokers and navigators will present effective and unique strategies to effectively target and market to consumers, particularly those from underserved populations, while following CDC and state guidelines."
- Since 2018, the grant program has provided brokers with \$80,000 to help them with their efforts.

WHY THIS IS IMPORTANT

Agent sales and outreach tactics have likely permanently changed as a result of COVID-19.

IMPLICATION

Insurers need to continue rethinking how to best support agents with best-practice selling tactics during the pandemic and beyond. This will help prepare agents to enroll consumers in health plans while also following strict health guidelines.

Industry News Related to Coronavirus

As of May 14, 2020

27 MILLION PEOPLE LIKELY TO HAVE LOST HEALTH INSURANCE SINCE PANDEMIC START

- For the 27 million people that have lost job-based coverage, Kaiser Family Foundation estimates about 80% have other options for health coverage.
- Half are eligible for Medicaid or CHIP, a third are eligible for subsidized plans on the ACA marketplace, and the remaining 20% are not eligible for any kind of subsidized health coverage.

AHIP AND HFMA OFFER BILLING GUIDANCE FOR COVID-19 SERVICES AT ALTERNATE CARE SITES

- Providers are struggling to keep up with changing billing guidelines as COVID-19 treatment is administered in alternate places like parking lots, convention centers and other sites.
- AHIP and Healthcare Financial Management Association (HFMA) released voluntary billing guidelines to keep it "clear and concise" for providers that may have been struggling to keep up with recent changes.

IRS RELAXED RULES TO ALLOW EMPLOYEES TO CHANGE THEIR HEALTH INSURANCE PLANS

- The new guidance allows employers to let their employees drop out of their health insurance, sign up mid-year, add family members or switch between plans.
- The IRS relaxed its usually strict rules to give employers and workers flexibility with their health insurance plans during the crisis.

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