

COVID-19 DIGITAL LISTENING for the

MEDICARE INDUSTRY

Direct-from-Beneficiary Insights and Competitor Trends

4.29 – 5.05 BRIEFING



MARKETBRIDGE

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April 29 – May 5

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1 Humana waives MA member costs through end of 2020.

WHAT IS HAPPENING

- Humana announced additional actions to help “protect, inform and care for its nearly 4.5 million Medicare Advantage members.”
- Previously, Humana reported it would waive medical costs related to COVID testing and treatment, as well as member costs associated with telehealth services when in-network.
 - Similarly, many other insurers have committed to covering the cost for COVID-related care and telemedicine visits for members through a point in time around summer.

WHAT ARE THE DETAILS

Humana.

- Waiving all costs sharing for in-network primary care, behavioral health and telehealth visits including copays, coinsurance and deductibles for the remainder of the calendar year.
 - Eliminating out-of-pocket costs for office visits so that MA members can reconnect with their healthcare providers.
- Sending safety kits to members’ homes to protect members who need to access the healthcare system or other essential services in the community.
 - Included in the kits: “masks and health advice information, to support their ability to seek care”
- Re-processing claims for members who have already paid out-of-pocket for in-network primary care, behavioral health, and telehealth visits dating back to May 1st.
- However, industry experts warn covering primary care visits “may not be where the big bills are,” as a stay in the hospital could cost more than \$2,000, even with a MA plan.

WHY THIS IS IMPORTANT

Humana demonstrates its commitment to member health by easing financial burdens for the rest of the year.

IMPLICATION

Humana members may focus more on utilizing their local providers as the insurer removes the worry of out-of-pocket costs, better enabling members to access their doctors (in-person or via phone).

2 Payers prepare for surge in Medicaid or ACA enrollment.

WHAT IS HAPPENING

- As Americans lose their jobs (and therefore their employer tied health insurance), more will be forced to seek assistance through government programs like the ACA or Medicaid.
- Over 14M workers in industries hit hard by the virus (nonessential services like retail, restaurants) will be eligible for Medicaid or subsidized healthcare through the ACA.

WHAT ARE THE DETAILS



- “Expects an unprecedented shift from a drop in commercial membership and increase in Medicaid and Affordable Care Act exchange enrollment as unemployment soars”:
 - Based on historical data, Anthem “expects 40% to 50% of those who lose employer coverage to move to Medicaid markets”



- Expects enrollment in Medicaid to jump as unemployment numbers increase, causing revenues to rise by \$4B.



- Molina is acquiring Magellan Complete Care from Magellan Health to further expand its Medicaid offerings and bolster services to dual eligibles.
- Expanding reach by 155K members across six states.
- Acquisition comes at a time when Medicaid enrollment is expected to swell.

WHY THIS IS IMPORTANT

Unemployment or slashed benefits will force more people to enroll in ACA or Medicaid plans to maintain healthcare coverage.

IMPLICATION

Carriers need to brace themselves for this influx of consumers seeking Medicaid plans and ensure an optimal end-to-end customer experience.

3 Those new to enrolling in Medicare or Medicaid struggle to understand the process.

WHAT IS HAPPENING

- As the economy loses millions of jobs, many consumers are turning to Medicaid or Medicare plans for health coverage.
- For those turning 65 and transitioning from employer to Medicare plans, the sign-up process for Medicare Part B, which was “an already cumbersome process has been exacerbated by the pandemic shutdown, raising the risk that some seniors will fall into a coverage gap or end up owing penalties.”
 - Medicare advocates are calling for “Congress to hold seniors harmless from Medicare application problems during the coronavirus emergency.”
- Providers who serve Medicaid beneficiaries also report issues trying to reach those newly eligible – “How do we reach out to them and let them know about our program?”

WHAT ARE THE DETAILS

Senior Medicare Conversations:

“ ”

- “With all the people working from home [Social Security employees] trying to get information from point to point, it’s like a pyramid, and they haven’t connected all the dots.”
- “On hold for an hour and 52 minutes. Another time a returned call fell through and the case worker didn’t leave a callback number.”
- “You don’t think of people who don’t have health insurance when you’ve had it all your life...then you get ready to retire and someone says you need a number you don’t have, and it gets stressful.”

Consumer Medicaid Conversations:

“ ”

- ““There’s so many different options available, and they ask you so many questions...you just get overwhelmed.”
- [Trying to find health insurance outside of employer-coverage] “did scare me quite a bit because I’ve heard nightmare stories about how hard it is to qualify for programs and health plans”

WHY THIS IS IMPORTANT

Consumers may need a helping hand getting enrolled in a plan, as it is an unfamiliar process for many.

IMPLICATION

There is an unmet market need for consumer education on the topics of Medicare and Medicaid – a potential opportunity for an association, insurer and/or agent/agency to rise to the occasion of actively fulfilling that need.

Industry News Related to Coronavirus

April 29 – May 5

CMS ISSUES SECOND WAVE OF CHANGES TO HEALTHCARE SYSTEM

- Among a myriad of adjustments made during COVID, CMS is:
 - Expanding the types of clinical practitioners who can use telehealth services to include physical therapists, occupational therapists and speech pathologists
 - Allowing nurse practitioners, clinical nurse specialists and physician assistants to provide home health services
 - Broadening the list of eligible audio-only services to include many behavioral health and patient educational services
 - Waiving the video requirements for certain telephone evaluation and management services in rural or medically underserved areas, so beneficiaries can use audio-only telephone to get their services

WHITE HOUSE ADMINISTRATION DECLARES MAY “OLDER AMERICANS MONTH”

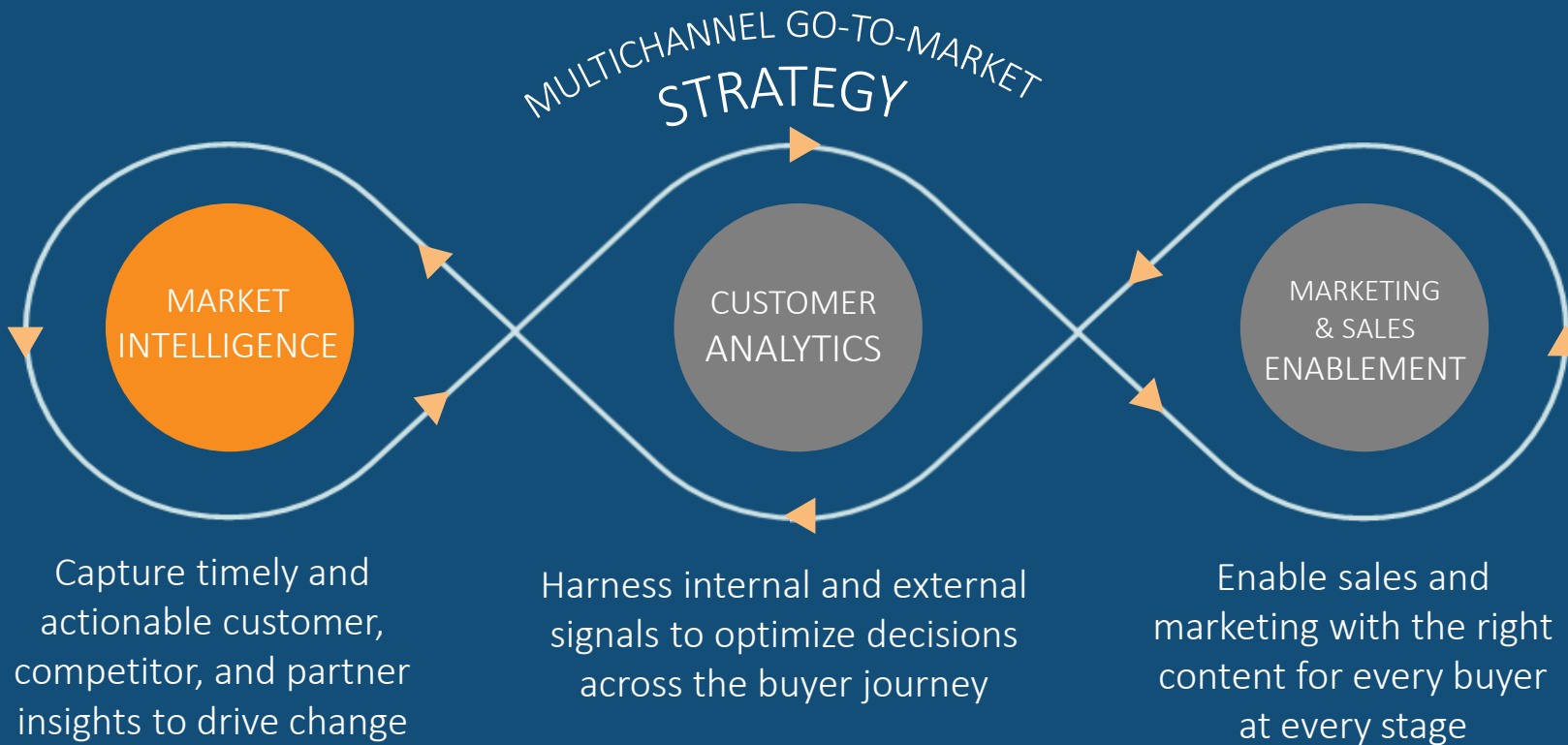
- Along with the proclamation, the administration launched new initiatives to support older Americans and nursing homes:
 - Additional shipments of PPE to all Medicaid/Medicare nursing homes in the U.S
 - \$81 million from the CARES act to increase inspections of nursing homes during the pandemic
 - The finalization of a new rule on information about coronavirus cases in nursing homes to be reported directly to the U.S. Centers for Disease Control and Prevention (CDC), with that same testing data made available online for all to see
 - Requiring nursing homes to inform residents and family members about new COVID-19 cases
 - Ensuring that nursing homes are prepared for COVID-19 outbreaks
 - New state grants to support state and local efforts in nursing homes
 - Coronavirus commission for safety and equality in nursing homes to protect residents

UHC DONATES \$500K FOR BEHAVIORAL HEALTH NEEDS IN COLORADO

- The donation is being given to the Colorado Community Health Network, which supports community health centers across the state to residents, regardless of someone’s inability to pay
- The grant will “provide support to the frontline of those clinics, make sure they’re able to sustain and provide behavioral healthcare, and help provide all those services via telehealth”

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