

COVID-19 DIGITAL LISTENING for

HEALTH INSURANCE

Group and Individual Benefits Insights and Competitor Trends

06.12 – 06.25 BRIEFING



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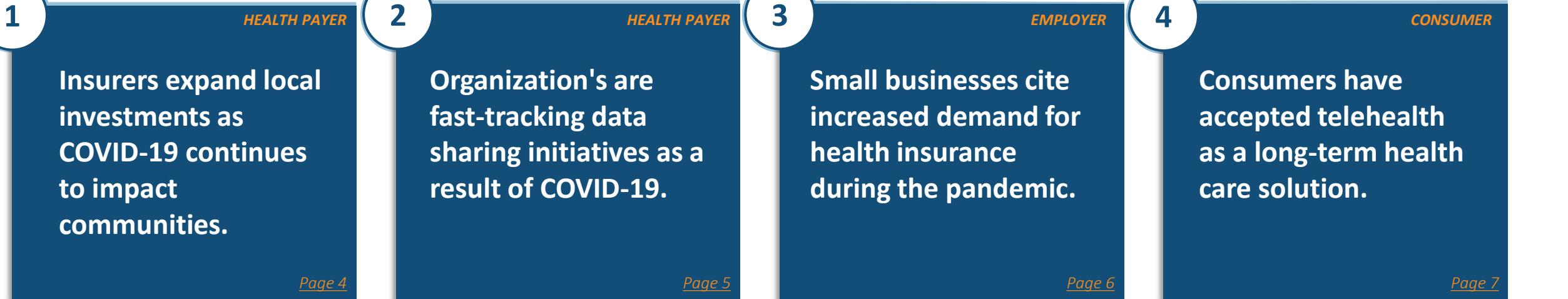
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Top Trends Among Individual & Group Insurance During Coronavirus

1

HEALTH PAYER

Insurers expand local investments as COVID-19 continues to impact communities.



2

HEALTH PAYER

Organization's are fast-tracking data sharing initiatives as a result of COVID-19.

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4

CONSUMER

Consumers have accepted telehealth as a long-term health care solution.

1

Insurers expand local investments as COVID-19 continues to impact communities.

WHAT IS HAPPENING

As the pandemic continues to inflict damage on vulnerable populations, insurers are investing heavily in social determinants of health initiatives.

- Florida Blue announced it will triple its community investments to over \$7 million.
- Molina Healthcare of Washington to commit \$1 million to provide relief in hard-hit communities.

WHAT ARE THE DETAILS



- Investing \$2.5 million to provide testing access, health care, food security and other essential needs for Floridians.
- Contributing \$2.6 million to community investment funds of United Way organizations.



- Focusing on reducing disparities in access to care through the provision of personal protective equipment (PPE), telehealth support and charitable contributions to food banks.

WHY THIS IS IMPORTANT

Vulnerable populations need continued support to maintain access to care.

IMPLICATION

Health insurers should continue to monitor the social determinants of health factors that impact their at-risk members. Additionally, insurers need to make sure their vulnerable members are aware of the continued support available to them to keep them healthy.

2

Organizations are fast-tracking data sharing initiatives as a result of COVID-19.

WHAT IS HAPPENING

Organizations are implementing new data-sharing initiatives to further progress and enhance the health care experience.

- The Nebraska state health information exchange partnered with Unite Us, a network of social service organizations that has successfully formed partnerships with national carriers like CVS-Aetna.
- Health Care Service Corporation partnered with Epic Systems to develop a data exchange between payers, providers and patients.

WHAT ARE THE DETAILS



- The combined partnership, called Unite Nebraska, aims to connect health and social care providers with a single dashboard of data to enhance care coordination.
 - Unite Us hopes the dashboard will be used to help Nebraskans adjust to the social and economic impact of COVID-19.
 - Nebraskans will be able to access nutrition services, employment benefits and housing through multiple organizations.
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- The secure payer platform will likely improve patient care, patient interaction with payers and providers, and reduce administrative burden.
 - The data-exchange will also overcome challenges with care coordination and cost which have emerged as providers began to treat patients with COVID-19.

WHY THIS IS IMPORTANT

Using member-population data will improve patient care and population health outcomes.

IMPLICATION

Insurers should continue to leverage their own data to make it actionable and drive decision making to help members with care coordination. Additionally, investments in data-sharing initiatives will likely address administrative challenges providers have faced during the pandemic.

3

Small businesses cite increased demand for health insurance during the pandemic.

WHAT IS HAPPENING

Cigna and Oscar formed a partnership to address a high demand for health insurance from small businesses.

- Many small businesses are making it a priority to offer health insurance to their employees for the upcoming year as a result of COVID-19.
- Cigna and Oscar announced the [Cigna + Oscar](#) partnership in January and have recently confirmed specifics about how they will provide small businesses with affordable health insurance in select regions.

WHAT ARE THE DETAILS



- Research found two-thirds of small businesses say providing health insurance to their employees is a higher priority as a result of COVID-19.
- Almost nine out of ten small businesses believe access to affordable plans that promote physical and mental health will be more important in the future.
- The combined fully-insured plan will include no-charge 24/7 virtual doctor appointments, \$3 drug co-pays and dedicated member support.
- Members of the Cigna + Oscar plan will have access to Cigna's extensive provider network.

WHY THIS IS IMPORTANT

COVID-19 is causing small businesses to prioritize health insurance for employees.

IMPLICATION

Insurers should develop engaging content to inform small businesses about the flexible, affordable and all-compassing health insurance options available to them in the upcoming open enrollment period.

4

Consumers have accepted telehealth as a long-term health care solution.

WHAT IS HAPPENING

Consumers see value in telehealth and expect to use it for the long-term, causing insurers to extend access to services.

- Patients are expecting long-term access to telehealth services.
- Regence reported telehealth claims were up 4900 percent through the pandemic.
- UPMC is extending no-cost access to telehealth.

WHAT ARE THE DETAILS

Doctor.com Survey Results:

- The survey found 83 percent of patients expect to use telehealth after the COVID-19 pandemic dies down.
- One-third of patients that have experienced in-person care delays were open to using telehealth to fill recent care gaps.



UPMC HEALTH PLAN

- 85 percent of its members continued their behavioral health care during the COVID-19 pandemic.
- Worked with providers and e-health solutions to meet consumer demand for telehealth options during the pandemic as visits averaged over 50,000 per week in May 2020.
- Pre-pandemic, in January 2020, Regence's telehealth visits averaged only around 1,000 per week.
- Extending \$0 cost-sharing for all covered telehealth service through September 30, 2020 to eliminate barriers to care for members.
- Applicable for members in UPMC's fully-insured commercial group coverage and ACA plans.

WHY THIS IS IMPORTANT

Consumers indicate they will continue using telehealth post-pandemic.

IMPLICATION

To meet demand and member expectations of a seamless experience, insurers should focus on solidifying their telehealth infrastructure. A positive user experience will also ensure members continue to get access to care, especially those at-risk.

Industry News Related to Coronavirus

As of June 25, 2020

EXPECTATIONS OF COVID-19 TESTING COVERAGE CAUSES INSURER PUSH BACK

- Health insurers may be unwilling to pay for COVID-19 testing that is not deemed medically necessary as the virus continues to permeate the United States.
- AHIP representatives argue there is a need for further governmental guidance on how COVID-19 testing should be covered, especially as employers begin to test employees while reopening.

EMPLOYERS COULD SEE HEALTHCARE COSTS RISE AS MUCH AS 10 PERCENT NEXT YEAR

- A recent PwC report indicated medical costs could grow between 4 and 10 percent for employers in 2021.
- Impacts in health care utilization during the pandemic is likely the cause of increased health care costs.
- For example, an increase in mental health care and use of new specialty drugs during the pandemic would likely inflate projected costs.

FITBIT LAUNCHES SOLUTION TO HELP EMPLOYERS SAFELY REOPEN

- The "Ready for Work" tool helps employees recognize COVID-19 symptoms before they go to work, using key health metrics from Fitbit devices and self-reporting.
- Employees will be able to digitally check-in through the program and log key health information, obtaining guidance based on the information uploaded.

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