Strategic Business, Financial and Regulatory Analysis of the Health Insurance Industry

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Managing Editor
Leslie Small
lsmall@aishealth.com

Senior Reporter
Peter Johnson

Data Reporter
Jinghong Chen

Executive Editor
Jill Brown Kettler

Insurers Chart Office Returns as COVID Restrictions Relax

With some states starting to relax shelter-in-place orders meant to slow the spread of COVID-19, health insurance companies are among the many businesses deciding when and how to transition some employees back to the office. Companies that shared their plans with AIS Health say their focus is on taking a careful, incremental approach that prioritizes safety — and they also point out that how their workplaces look and operate won't be the same as before.

Take Priority Health, where it's become apparent that "we're going to have new normals that are going to extend out into the longer term," says Mary Anne Jones, chief financial officer and vice president of operations. For example, "we likely will have a lot more employees working from home as part of their normal work than we did before," Jones tells AIS Health.

The Michigan-based insurer, which is part of the integrated health care system Spectrum Health, moved almost all of its 1,500 employees to remote-work status as the novel coronavirus sparked mass shutdowns throughout the country. That's despite the fact that the organization was deemed "essential" by the state because it is in the health care sector.

Still, roughly 40 to 50 people have continued to come into the office to do essential tasks such as "keeping our mail running [and] keeping member documentation flowing," Jones explains.

continued on p. 5

With Revenues Squeezed, PCPs Warm Up to Value-Based Care

The COVID-19 pandemic is proving especially challenging for the primary care business, but as a result of the crisis, the head of one primary care trade group says her membership is open to working with insurers to leave behind fee-for-service, visit-based billing and enter value-based payment agreements.

However, that requires the survival of primary care practice groups. According to primary care provider trade group Primary Care Collaborative (PCC), an April 24 survey of its membership found that eight in 10 responding PCPs were in "severe" or "close to severe" financial trouble because of COVID-19.

The problem is visits. Utilization of non-emergency, non-COVID-19 treatment has plummeted *(HPW 5/11/20, p. 4)* because patients are afraid of leaving their homes — and are especially afraid of visiting a clinical setting — for fear of being exposed to the SARS-COV-2 virus. Some utilization has been replaced by telehealth visits, but that has drawbacks. Many payers do not reimburse telehealth visits at the same rate as an in-office visit *(HPW 5/11/20, p. 1)*, and there is evidence overall demand for care is still lower than normal (see graphic, p. 7).

PCPs were ill-positioned to navigate the sudden drop in demand and change in modality, but have done their best, PCC CEO Ann Greiner tells AIS Health —

even though, Greiner says, "by and large, particularly in the early weeks, [PCPs] weren't getting paid."

"[PCPs] were incredibly creative, providing care to people in the parking lot — whatever they could do to respond to their patients," Greiner adds. "And even before CMS and, to a lesser extent, private payers started paying for telehealth and telephonic visits at the same rate as face to face, they had already begun to provide care in that way."

Ashraf Shehata, KPMG's national sector leader for health care and life sciences, tells AIS Health that the changes Greiner described are part of a "new reality" for PCPs and the health care industry as a whole. All of a sudden, Shehata says, the annoyances of the pre-COVID-19 primary care delivery model are obvious.

"Let's just use laboratory testing as an example. Many of those diagnostics do require a medical visit, and in many cases they are set up as an office visit," Shehata says. "So you send somebody to go get a lab, you get the lab result back, and if there's something to talk about they send you back to the clinic or doctor's office to have that discussion."

Shehata says the COVID-19 pandemic obliges providers to do as many visits as possible remotely. He suggests that consumers will find that modality convenient — and expect it to continue.

"In the short run, we're training consumers for these expectations," Shehata adds. "In the future, people are going to say, 'Six months ago you didn't require me to come into your office for this visit. I'm not going to take half a day off work; I'm going to schedule a telemedicine visit.'"

That presents a challenge for providers under the fee-for-service billing model. Each of the stages of the in-person care scenario Shehata describes would be billed as an individual procedure or visit, yielding revenue for the provider (or several providers) at each step. In contrast, telemedicine and phone consultations aren't billed at the same lucrative rate.

That's because until recently, insurers have viewed telemedicine and other new modalities as a cost-savings measure. For providers to buy in to those technologies permanently, Greiner says that will have to change.

"If you have a payment system that is agnostic as to the modality, or even to some extent where care is delivered — a payment system that allows for that would make so much sense from the standpoint of the patient and the clinician," Greiner says.

Will Value-Based Care Advance?

Broadly speaking, payers as well as some providers have sought to move away from fee-for-service payment models in recent years. At its worst, fee-for-service can incentivize providers to generate charges for unnecessary procedures and diagnostics, and value reactive, incidental procedures over preventive care and population health. Payers have tried in recent years to incentivize preventive care to reduce long-term cost curves, which often means encouraging members to use more primary care.

That runs counter to hospital groups' most common business strategy, as most large provider systems earn their margins through elective surgeries. The federal Agency for Healthcare Research and Quality found that, in 2011, the 29% of hospitalizations requiring operating room procedures accounted for 48% of hospital inpatient costs. The COVID-19 pandemic and falloff in office visits has highlighted the conflict between value-based care aspirations and fee-for-service realities.

"I think we don't have alignment across the community as to what makes sense in terms of payment models," Greiner says. "I think the entire health care system needs to move towards a population health model, where the incentives are to keep people healthy, and you get paid not for [inci-

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dentally] treating people [only] when they're sick."

"At the end of the day, the primary care model can't be its same resident, in-person model. It now needs to be brought into the center if it's going to remain sustainable. Otherwise, we're going to kind of bumble on with all the complexities that we had prior to the COVID response," Shehata warns. "Do you just kind of turn it back on the way we did before? Or do we take this as an opportunity to rebuild it in a different, more efficient, more scalable model?"

As both patients and providers realize that we could do things a little bit differently…the combination of patient behaviors and changes in logistics may accelerate that trend towards value-based health care.

David Peknay, the lead analyst at S&P Global Ratings regarding for-profit health care providers, predicted that the pandemic will push the health care system to make the switch.

"The industry has been undergoing a fair amount of change even pre-COVID. We've seen a gradual evolution away from fee-for-service, looking to migrate towards value-based [care]," Peknay said during a May 13 webinar. "I think that the pandemic is going to accelerate some trends. I think that as both patients and providers realize that we could do things a little bit differently…the combination of patient behaviors and changes in logistics may accelerate that trend towards value-based health care."

Watch the S&P webinar at https://bit.ly/2LsqPez. Contact Greiner via Stephen Padre at spadre@pcpcc.org and Shehata via Bill Borden at wborden@kpmg.com. ✧

by Peter Johnson

Amid Pandemic, Firms Push for New Mental, Wellness Benefits

Employers are aiming to enhance certain health care benefits — particularly virtual mental health care and wellness solutions — as they look for innovative ways to support their workers during the COVID-19 pandemic, a recent Willis Towers Watson (WTW) survey found.

The survey, conducted in late April to examine the business impact of the coronavirus pandemic, reports that more than three in four employers are offering or expanding access to virtual mental health services. Others say they want to address work-from-home challenges, such as employee loneliness and caregiving needs.

Firms Worry About Workers' Well-Being

Nearly two-thirds of employers — some 64% — believe COVID-19 will have a moderate to large impact on employee well-being, the survey found, and expanded virtual mental health services would help with mental health challenges.

"Plan sponsors have been pushing for enhancements to mental health services, including increased access to providers and stress/resiliency programs," says Mark Hope, senior director of health and benefits consulting for Willis Towers Watson. "Access to affordable mental health services is something that requires broad attention across the [health care] industry and will be in high demand as employees learn to cope with the current state of affairs," Hope tells AIS Health.

The survey also found that some 60% of companies are offering new, easy-to-use virtual solutions to improve physical health, such as virtual workouts, while another 19% say they are planning or considering such solutions. Half of employers surveyed said they are promoting healthy nutrition and weight management for at-home employees, and 25% are planning or considering adding those programs.

"We see this as a significant leap forward in the adoption of virtual care," Hope says. "The capability has been there for a number of years, but plan sponsors and health plans have struggled with broad adoption by employees. In the past, usage has tended to be for a somewhat narrow set of symptoms, such as upper respiratory infections. The COVID-19 pandemic has been the spark that led to a significant increase in the use of virtual health, most notably telehealth and virtual visits for chronic disease management. We view this as the right time for plan sponsors to take steps to clearly define their digital health strategy and specifically the role of virtual care."

Access to affordable mental health services is something that requires broad attention across the industry and will be in high demand as employees learn to cope with the current state of affairs.

Overall, 61% of employers have made or will make changes to their benefit programs over the next six months, and 38% say they will revise their health care strategies for 2021, the survey found.

Slightly more than half of employers say they are taking actions that will make it easier for workers to access pharmaceuticals during the COVID-19 pandemic, such as reducing restrictions and/or lowering cost sharing, the survey found. Another 6% of companies are considering such actions.

Employers also say they are prepared to help their workers with COVID-19-related expenses: a total of 70% have waived telehealth costs, 69% have expanded reimbursement for over-the-counter drug costs through flexible spending accounts or health reimbursement arrangements, and 62% have waived or reduced COVID-19 treatment costs, according to the survey. Employers also are making paid time off, vacation and sick day programs more flexible, the survey found.

However, only a small handful of employers — 6% in total — are offering or considering mid-year open enrollment for those who previously had waived coverage or who were not eligible for health benefits pre-pandemic, the survey noted.

Still, Hope says that health plans are providing some temporary relief for furloughed and laid-off employees by maintaining coverage for those workers, provided plan sponsors continue to pay premiums and fees. "There are also protections on not modifying

S&P Is Cautiously Optimistic About Health Insurers' Financial Prospects

Credit ratings firm S&P Global Ratings Inc. is mildly confident about the financial health of the health care industry. On May 13, S&P analysts gave health insurance companies a stable outlook, and graded payer debt with an A rating. Meanwhile, for-profit and not-for-profit providers both received negative outlooks.

S&P has not downgraded any health insurance firms this year. Those ratings are in line with a consensus across Wall Street that sees health insurance firms as a safe investment bet despite the COVID-19 pandemic and economic crisis. Publicly traded payers' first-quarter earnings were all in line with their pre-COVID-19 guidance, and many firms exceeded their projected first-quarter results *(HPW 5/4/20, p. 1)*.

Deep Banerjee, S&P health insurance director, said during a May 13 webinar discussing the ratings that health insurers' sustainable cash flow entering the pandemic put them in a strong position to weather the storm.

"Both the publicly traded, as well as the private insurers, came into 2020 with significant buffers: one in terms of capital, and the other in terms of their operating performance," Banerjee said. "Now, both will probably not increase this year, in the sense they will not be able to double up on it perhaps, but given what we are seeing so far, that strength will help them survive very well through this pandemic."

However, Banerjee agrees with analysts who have observed that the industry-wide delay in elective and non-emergency care utilization, which left payers with better-than-expected balance sheets in the first quarter, will eventually yield higher-than-usual demand when members feel safe returning to medical settings *(HPW 5/11/20, p. 4)*.

"The same issues that some of the providers have faced with deferred, nonessential procedures have been positive for U.S. health insurers," Banerjee observed.

While Banerjee said S&P will watch utilization closely, costs driven by a spike in demand later in the year could be offset by premium increases in 2021.

"Insurance liabilities are one year in duration. Meaning every year most of the liabilities of health insurers, they get repriced," Banerjee said. "Even if COVID-19 claims increase…[payers] would have the opportunity to price their product next year."

Banerjee indicated that his main concern with health insurance firms going forward is debt. Many large payers have taken out loans since the start of the year to increase liquidity.

"Just in the first quarter, more than $15 billion of short- and long-term debt has been issued by this industry. That's a meaningful number. …That means leverage," Banerjee said, adding, "if leverage doesn't get lower, that could be a ratings factor as well."

Looking forward, S&P expects the largest companies to be able to act strategically. Banerjee suggested that mergers and acquisitions will be viable for firms who entered the crisis in a strong position, citing Molina Healthcare, Inc.'s April announcement that it will acquire Magellan Health, Inc.'s insurance arm.

Read a slide deck from the webinar at https://bit.ly/2YZZmc1 and contact Banerjee at shiladitya.banerjee@spglobal.com.

by Peter Johnson

premiums and fees during the state of emergency should enrollment drop by more than 10% — a typical measure that would allow a health plan to re-rate a contract."

A majority of employers don't expect their health care benefit costs to rise substantially next year, the survey found. For example, 57% of respondents anticipate a small to moderate increase in costs, while 24% expect no change or a small decrease in costs, and only 3% expect a large increase. A separate Willis Towers Watson actuarial analysis found employer health care benefit costs could fall by as much as 4.5% this year as demand for non-essential medical care has declined during the pandemic.

I think maybe the lesson learned — we're seeing this across the industry — is payers need to upgrade their digital front end to handle these non-standard benefit designs.

However, employers do expect to see higher total health care, sick leave and disability costs overall throughout the next year due to the pandemic, and many say they will closely monitor their plan costs over the next year. Hope notes that plan sponsors are very concerned about affordability, particularly for low-wage workers.

There are always questions about how insurers address questions about policies, benefits and coverage, but companies aren't tackling these issues any differently now versus pre-pandemic, says Ashraf Shehata, KPMG national sector leader for health care and life sciences. "I think the good news is, the payers overall haven't needed to dramatically change their capabilities to support client service," Shehata tells AIS Health.

Some payers may need to mobilize in order to support "the provisioning of health care services," Shehata says. For example, when health plan members need a test for COVID-19 or for coronavirus antibodies, they "are just going straight to Google," rather than to their health plan's website, he says.

"So I think payers are being asked to step up their role to help [members] discern where is the appropriate site and source and act of care for some of these emerging COVID capabilities," Shehata says. "Many payers already have things like that," such as laboratory locators on their websites, he says. "The issue is, it's been hard to navigate. A lot of times people are calling call centers. I think maybe the lesson learned — we're seeing this across the industry — is payers need to upgrade their digital front end to handle these non-standard benefit designs."

Some Payers Rethink 'Digital Front Doors'

Many insurers are revisiting their strategies around their online portal providers and their "digital front doors," Shehata says. Some payers that already have had initiatives aimed at upgrading these technologies and capabilities are accelerating those initiatives because of the pandemic, he says. "The ones that haven't had initiatives in the book are still waiting to see where the demand is in the market."

The Willis Towers Watson survey included 816 employers, representing a total of 12 million U.S.-based employees in such fields as manufacturing, health care, financial services and wholesale/retail.

Contact Hope via Ed Emerman at eemerman@eaglepr.com and Shehata via William Borden at wborden@kpmg.com. ✧

by Jane Anderson

Insurers Plan Office Returns

continued from p. 1

Now, as Michigan is beginning to allow some businesses to open back up, Priority Health is "gearing up our plan for a very measured and moderate return to the workplace," she says. In its first phase, that return-to-the-office plan will bring another approximately 1% of Priority Health's employees back on campus for the next one to two months. To decide who will return, the insurer left it up to managers, in consultation with their teams, to determine who would benefit most from working from the office, according to Jones.

Not All Teams Will Return Right Away

"Some leaders have come back and said, 'All my people are great working from home; we're good, we're not going to bring anybody back in this next phase,'" Jones says. "Some other teams have said, 'We've got some really important initiatives and projects that are going on,' and they would really value being able to come back together, to be able to collaborate." Of course, with physical-distancing precautions in place, "it may not be the same collaboration where you're sitting right next to somebody," she acknowledges.

In addition to encouraging distance and mask-wearing among employees who return to the office, Priority Health enhanced the sanitization of its workspaces, added more hand-sanitizer dispensers and sanitizing wipes, and put up plexiglass in more of the reception areas where members typically were greeted. The insurer is also planning to reopen its in-house café, but with modifications such as stickers reminding people to stay a safe distance from one another and the option for employees to place an order

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and get their food delivered to their desks, Jones says.

Though with 40,000 employees Humana Inc. is much larger than Priority Health, the company is taking an approach very similar to the Michigan insurer as it prepares to gradually reopen its offices, a spokesperson tells AIS Health in an emailed statement.

"Because the well-being of our teammates remains our top priority, we are planning for a re-entry that unfolds slowly and happens in stages," the spokesperson said. "To help determine when and how to move people back into facilities, we are looking at a variety of indicators, including government (local, state and federal) guidance, CDC guidelines, business needs and, most important, the readiness of our employees."

Humana Will Reconfigure Workspaces

When its facilities do reopen, Humana "will have social distancing measures in place, such as new desk configurations and revised policies on elevator and stairwell use," the spokesperson continued. And, while approximately 40% of the insurer's employees worked from home before the COVID-19 crisis, "we're also considering expanding work-at-home options, given the success we're having right now with so many of our employees who have shifted to working at home."

Philadelphia-based Independence Blue Cross isn't yet setting a timeline for a transition back to the office, according to a statement from Daniel Hilferty, CEO of parent company Independence Health Group.

"Given the uncertain nature of the pandemic, it is still too soon to predict when we might be able to consider reopening our offices. We communicate with our associates constantly and are committed to providing sufficient notice," he said.

"When it's time, we'll reopen our offices in a staged approach and will ease back in to a new normal. We will have plans in place to protect the safety of our associates and the safety of our community, including effective public health measures and onsite safety protocols. In addition, our strategy will take into account the challenges that returning to the building will pose to some associates."

Blue Shield of Calif. Sets Up Task Force

Blue Shield of California, which noted in a post on its website that it is charging a task force with figuring out its return-to-office strategy, also appears to be rethinking its post-crisis approach to remote work.

"The degree of 'teleworking' now underway is proving and dispelling myths about productivity and driving companies to adopt a truly remote and digitized workforce. As we go forward, remote work could stick in some industries but which jobs and who is eligible for these kinds of ongoing arrangements should be re-examined," Mary O'Hara, chief human resources officer at the insurer, wrote in an internal Q&A document shared with AIS Health.

"It's also particularly important to help provide coaching and support to leaders to establish regular check ins and to ensure teams have the resources needed to be successful and to maintain a degree of connectivity when working remotely," she added.

As more of its employees return in future phases of its own plan, Priority Health is considering "scheduling more intentionally" so teams can rotate in and out to avoid having too many people in the office at once, Jones tells AIS Health. "So we're working through those logistics."

But the insurer is also prepared to readjust its plans to align with shifting state directives and changes in the pandemic's progression. Because Priority Health is part of an integrated health system, "we've been forecasting curves and waves not just from a health plan perspective but from an overall health care perspective as well," Jones says.

"A second-wave is a scenario that we've been forecasting, and as we've targeted these different phases of work, from our original work-from-home plan to our return-to-work plan, I think we've got all the right tools in our toolkit to be able to adjust accordingly depending on which direction this goes."

Humana, too, has to take a wider view than that of a health insurer since it owns some care-delivery assets. "Humana's owned health care facilities, specifically our senior-focused primary care subsidiaries Conviva Care Centers, Partners in Primary Care and Family Physicians Group, have implemented new COVID-19 Prevention Standards designed to ensure the highest level of safety when patients attend in-person doctor appointments," the spokesperson tells AIS Health.

Work From Home Offers Lessons

In Blue Shield of California's Q&A document, O'Hara observed that "with the pivot to a remote work environment it has become even more important for employers to implement 'Office Hours' and 'lunch hours' to be respectful of the 'always on' nature of this situation and help people create boundaries and find that good work/life balance." For example, Blue Shield defined office hours as 8 a.m. to 5 p.m. and encouraged employees to preserve the "lunch hour" from 12 p.m. to 1:30 as a no-meeting period, she wrote. "It's critical for innovation that we have time for focus and time to unfocus."

At Priority Health, the move to remote work has brought challenges

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as well as revelations that may shape the organization going forward, health plan leaders say. For example, the insurer pivoted from its usual daylong, in-person training session for new hires to create a completely online onboarding module on which it has received "good feedback," notes Jennifer Parks, director and senior HR business partner supporting Priority Health.

To boost morale, the organization has also held virtual baby showers, team yoga, "coffee chats" and interactive, all-hands "town hall" meetings led by CEO Joan Budden. And while Priority Health is striving to offer flexibility for people struggling to balance things like work, child care and home schooling, blurring such lines has had a small upside, Jones says.

"I think we've all really enjoyed getting a little bit of that window in people's lives," she says, recalling that "we were just in a meeting and one of the kids walked up and just gave a big hug to their mom. I think people have just not only tolerated, but really just enjoyed it."

Contact Jones via Aaron Miller at aaron.miller@priorityhealth.com. ✧

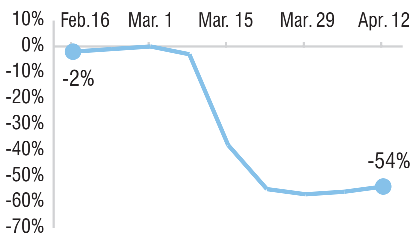
by Leslie Small

Outpatient Visits, Hospital Revenues Down During COVID-19 Outbreak

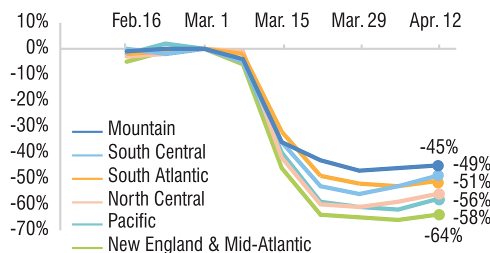
by Jinghong Chen

Due to the COVID-19 pandemic, the number of visits to ambulatory care practices dropped almost 60% in mid-March, according to a new analysis by researchers at Harvard University and health care technology company Phreesia. Surgical and procedural specialties saw the greatest impact, with the number of visits between March 1 and April 5 decreasing more than 60%. Meanwhile, a recent FAIR Health study reported that larger hospitals and health systems were hit harder financially by the pandemic. The average per-facility revenues based on estimated allowed amounts in large facilities decreased from $4.5 million in the first quarter of 2019 to $4.2 million in 2020.

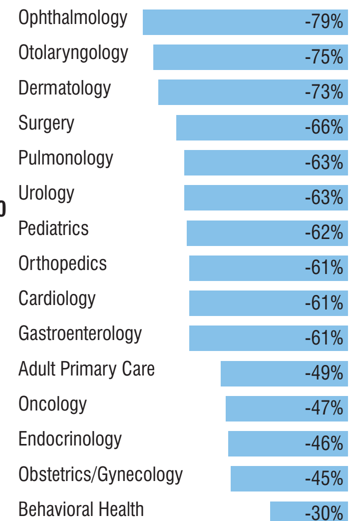
Percent Change in Visits to Ambulatory Practices From Baseline Week (March 1-7)



Percent Change in Visits to Ambulatory Practices From Baseline Week (March 1-7), by Region

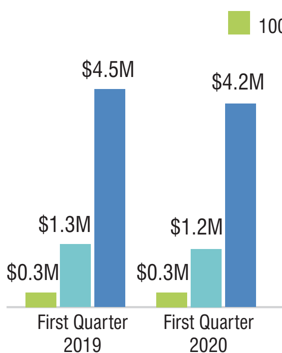


Percent Change in Visits to Ambulatory Practices From March 1 to April 5, by Specialty

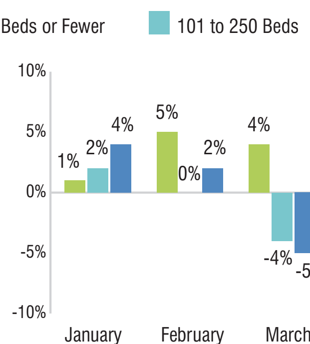


Average Per-Facility Revenues First Quarter 2019 vs. 2020

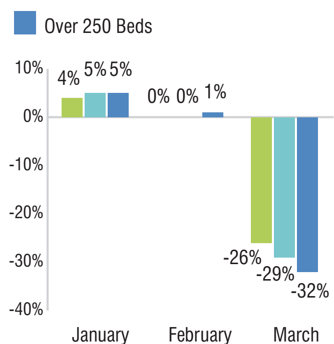
100 Beds or Fewer ■ 101 to 250 Beds ■ Over 250 Beds



Monthly % Change in Average Per-Facility Revenues from 2019 to 2020



Monthly % Change in Facility Discharge Volume from 2019 to 2020



NOTES: The average per-facility revenues are based on estimated allowed amounts, which refer to the total fee negotiated between an insurance plan and a provider for an in-network service. The Consumer Price Index was used to adjust the 2019 numbers to reduce any confounding variables of chargemaster increases between 2019 and 2020 or rate negotiations between the two years.

SOURCES: "What Impact Has COVID-19 Had on Outpatient Visits?" Commonwealth Fund, April 2020. Visit https://bit.ly/35Ypyp2. "Illuminating the Impact of COVID-19 on Hospitals and Health Systems, A Comparative Study of Revenue and Utilization," FAIR Health, Inc. Visit https://go.aws/2WT2SSG.

News Briefs

✦ ***UnitedHealthcare will expand its presence on the Affordable Care Act exchanges by offering plans in at least one additional state in 2021.*** Maryland Gov. Larry Hogan (R) said on May 12 that the insurer will join two other carriers — CareFirst BlueCross BlueShield and Kaiser Permanente — in offering coverage through the state's individual marketplace. As of 2020, UnitedHealthcare offers exchange plans in parts of Massachusetts, Nevada and New York, but back in 2016 it participated in 34 states, Credit Suisse analyst A.J. Rice pointed out in a May 12 note to investors. In response to a query from AIS Health regarding whether UnitedHealthcare will sell plans in any more state exchanges in 2021, a spokesperson said it is "premature for us to provide any further details." However, he added that "we intend to offer exchange plans in those states where we can provide an efficient network and competitive product capable of driving sustainable value for consumers and our state and federal partners." Read Hogan's press release at https://bit.ly/2T4NstH.

✦ ***In sharp contrast to the nearly $3.2 billion in net income it reported in the first quarter of 2019, Kaiser Permanente posted a $1.1 billion net loss for the same period in 2020, Modern Healthcare reported.*** Still, the integrated health system didn't see a revenue decrease when elective and non-emergency care was put on hold, since its model requires membership fees to be paid at the beginning of each month and California's stay-at-home order was put into place on March 19. Kaiser's revenue grew 5.9% in the quarter to $22.6 billion, and its expenses grew by 7.8% to $21.4 billion — a result that executives attributed to an intentional focus on keeping memberships affordable. Read more at https://bit.ly/2xZzim6.

✦ ***CMS on May 7 finalized its annual omnibus regulation for the Affordable Care Act exchanges, abandoning its suggested change to auto re-enrollment that had ruffled some feathers.*** In its proposed Notice of Benefit and Payment Parameters for the 2021 benefit year, the agency sought comment about making a change that would effectively force people who qualify for subsidies that cover their entire premium to pay the full, unsubsidized premium in order to be re-enrolled in their plan *(HPW 2/10/20, p. 3)*. The final rule did not include that change, but among a host of other measures, it did include "a blueprint for issuers to design innovative healthcare plans that empower consumers to receive high value services at lower costs," such as a plan that provides blood-pressure monitoring with zero cost sharing, CMS said. Read a fact sheet at https://go.cms.gov/2T7HesV.

✦ ***Atul Gawande, M.D., said on May 13 that he will step down as CEO of Haven Healthcare, the joint health care venture between Amazon Inc., JPMorgan Chase & Co. and Berkshire Hathaway Inc.*** Mitch Betses, who became Haven's chief operating officer in March after working as an executive at CVS Health Corp., will take over as CEO. Gawande will continue to work with Haven as a consultant, but will shift some of his focus to fighting the COVID-19 pandemic. "This will elevate my focus from daily management to supporting Haven's strategy, board, and leadership. It will also enable me to devote time to policy and activities addressing the immediate and long-term threats to health and health systems from COVID-19," Gawande said in a statement. Read more at https://bit.ly/2LpNubk.

✦ ***A new emergency federal rule extends the deadline for a newly unemployed person to sign up for COBRA far into the future, a move that was criticized by some health benefits experts, according to a Bloomberg Law report.*** Normally, someone who is eligible for COBRA has 60 days to decide whether to opt into the program. The new rule allows COBRA-eligible individuals to opt into the program until 60 days after the COVID-19 state of emergency ends. In practice, this amounts to an indefinite period of time, as the pandemic is far from over. Federal officials did not specify whether the state of emergency in question was the federal emergency declared by President Donald Trump, or state-level emergencies declared by governors — each of which could end on different dates. "As helpful as this will be for participants, it will to some degree increase employers' concerns around adverse selection, which has always been part and parcel of COBRA," Morgan, Lewis & Bockius LLP partner and health care lead Andy Anderson told Bloomberg Law. Read the article at https://bit.ly/3dDCsv8 and the guidance at https://bit.ly/3dMoB5Q.

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