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2021 Outlook

ACA Subsidies Could Expand, but Public Option Is Unlikely

With the new Congress largely in place, and the new presidential administration set to take power on Jan. 20, health care insiders are beginning to make sense of what legislation and rulemaking the Biden administration and Democrats intend to develop that could affect health insurers. Experts say that large, structural changes like a public option are unlikely, given Democrats' narrow Senate majority, but smaller reforms including expanded subsidies in the Affordable Care Act (ACA) exchanges are up for discussion, along with pandemic-related coverage protections.

The Biden transition team included increased ACA subsidies and temporary COBRA subsidies for laid-off workers as part of the pandemic relief package that President-elect Joe Biden announced on Jan. 14, as AIS Health went to press. But that policy does face some hurdles.

If the Senate does not eliminate the filibuster, passing a full act of Congress effectively requires a two-thirds majority. That means Republicans would have to join in on any major legislation, which is unlikely in the current polarized climate. Some new policies could be passed through the budget reconciliation process, which requires a simple majority.

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Payers Stop Funding Reps Who Didn't Certify Election Results

Insurers and other health care organizations are halting or reconsidering donations to federal lawmakers who voted against certifying the results of the presidential election, in moves they say are designed to counter the extremism that led to the Jan. 6 insurrection at the Capitol.

In some cases, these decisions could have a noticeable impact, as many of the organizations announcing changes to their policies gave to members of Congress who voted against certifying election results. But in other cases, the decisions may not have a substantial result since the organization in question hadn't made many donations in the past or was announcing a review, rather than a change in policy.

Here's a rundown of companies and organizations that have made statements on their political-giving strategies in the wake of the Capitol riots, as well as data gathered from the Open Secrets database on who received donations from those organizations:

✦ ***The Blue Cross Blue Shield Association*** (BCBSA) was among the first organization to pledge not to donate to lawmakers who voted against accepting the Electoral College results in the wake of the Jan. 6 riots.

In a Jan. 8 statement, BCBSA President and CEO Kim Keck noted that the association continuously evaluates political contributions "to ensure that those we support share our values and goals. In light of this week's violent, shocking assault

on the United States Capitol, and the votes of some members of Congress to subvert the results of November's election by challenging Electoral College results, BCBSA will suspend contributions to those lawmakers who voted to undermine our democracy."

Contributions had been made through BCBSA's political action committee (PAC), which is supported solely by employee contributions, the group said. According to Open Secrets, the Blue Cross & Blue Shield Association PAC donated a total of $370,950 to federal candidates in 2019-2020, including $124,200 (33%) to Democrats and $246,750 (67%) to Republicans (see infographic, p. 3). "We will continue to support lawmakers and candidates in both parties who will work with us to build a stronger, healthier nation," Keck said.

✦ ***America's Health Insurance Plans*** (AHIP) President and CEO Matt Eyles called the incitement and subsequent violence at the Capitol "shameful, abhorrent, and intolerable," and pledged to "immediately review our policies governing political giving." In his statement, Eyles said that "we cannot condemn those actions more strongly," adding that "our nation, the laws of our land, and the safety of our citizens and the political leaders who serve them, are paramount."

AHIP's PAC donated $271,000 to federal candidates in the 2019-2020 election cycle, with a close-to-even split between Democrats and Republicans, according to Open Secrets. None of the eight senators who objected to the election certification received money from AHIP in 2019-2020.

✦ ***Cigna Corp.*** said it "will discontinue support of any elected official who encouraged or supported violence, or otherwise hindered a peaceful transfer of power," and said it would continue to consider "our country's and company's core values" when evaluating PAC contributions. "All of our PAC contributions are intended to be constructive, non-partisan and aim to advance public policies that we believe support the greater societal good of a more affordable, predictable and simpler health care system," the insurer said in a statement.

Cigna has an active PAC that donated $993,000 to federal candidates in 2019-2020, with approximately $535,000 going to Democrats and $458,000 going to Republicans. Some 170 House members and 47 senators received contributions from Cigna in 2019-2020, according to Open Secrets. This included election objectors Sen. Cynthia Lummis (R-Wyo.), who received $2,500; Rep. Devin Nunes (R-Calif.), who received $11,500; House Minority Leader Kevin McCarthy (R-Calif.), who received $10,000; and Rep. Mike Kelly (R-Pa.), who also received $10,000. However, it wasn't immediately clear whether Cigna would discontinue contributions to all members who opposed election certification.

✦ ***CareFirst BlueCross BlueShield's*** CareFirst Associates' PAC also said it would suspend donations to lawmakers who voted against certification of the election results. "The CareFirst Associates' PAC will continue to support candidates across political parties who will work to foster, not tear down, the democratic process," the insurer said.

In a message to CareFirst associates and contractors, Brian Pieninck, president and CEO of the insurer, noted that few CareFirst workers were in the insurer's Washington, D.C., offices as the violence unfolded on Capitol Hill. "In coordination with our security, facilities, and HR teams we were able to take appropriate steps to ensure that everyone left those offices safely," he said.

According to Open Secrets, the CareFirst PAC contributed only $11,500 to federal candidates in 2019-2020, with 100% going to Democrats from Maryland and Virginia, where CareFirst is based. No Democrat voted to overturn the election results.

✦ ***The Pharmaceutical Research & Manufacturers of America (PhRMA)***

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PAC is "pausing political giving to those who voted to reject the outcome of the election," said President and CEO Stephen Ubl. "The actions that took place violate the values of our nation and the values held by America's biopharmaceutical research companies," Ubl said in a statement.

During the 2019-2020 election cycle, PhRMA's PAC gave a total of $250,000, including $106,000 to Democrats and $144,000 to Republicans, according to Open Secrets. Recipients who objected to certification of the election included Nunes ($2,000), and Reps. Jodey Arrington (R-Tex.) and Andy Biggs (R-Ariz.), each of whom received $1,000.

✦ ***UnitedHealth Group*** issued a statement saying it "has decided to pause and review our federal PAC candidate donations to ensure they continue to align with our company's values." UnitedHealth was particularly active during the 2019-2020 election cycle, donating $1.18 million, with about 55% going to Republicans and 45% going to Democrats.

Senators who objected to certifying the election results included Rick Scott (R-Fla.), who received $5,000 from UnitedHealth, and John Kennedy (D-La.), who received $2,500. On

Historically, BCBSA Political Contributions Have Favored Republicans

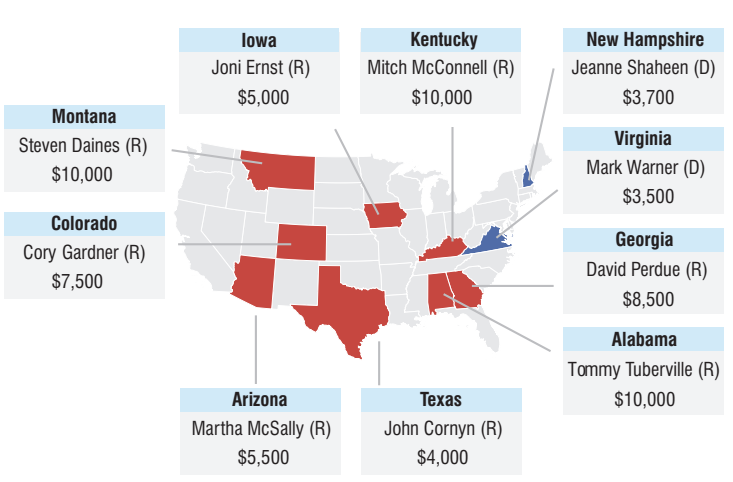
by Jinghong Chen

The Blue Cross Blue Shield Association (BCBSA) said in a Jan. 8 statement that it will suspend political contributions to lawmakers who voted against certifying President-elect Joe Biden's victory after supporters of President Donald Trump stormed the U.S. Capitol in protest of the election results. BCBSA appeared to be the first health care organization to make such a statement, but several major health care corporations and lobbying groups, including Cigna Corp. and the drug industry trade group PhRMA, soon followed. BCBSA has traditionally supported Republican candidates, and it donated $11,500 to three Republican senators and $67,200 to 25 House representatives who voted against accepting Electoral College results during the recent election cycle. Among them, Alabama Sen. Tommy Tuberville and New York Rep. Chris Jacobs received the most political contributions ($10,000) from the association.

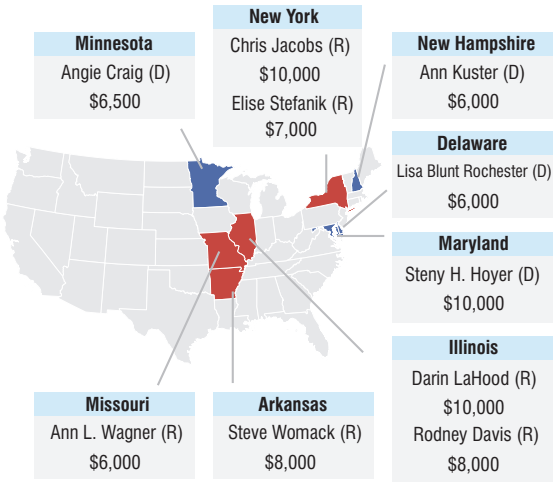
Contributions From Blue Cross Blue Shield Association Political Action Committee, 2014-2020

Election Cycle	Total Contributions to Federal Candidates by Percentage		Contributions to Senate Candidates		Contributions to House Candidates	
	Republicans	Democrats	Republicans	Democrats	Republicans	Democrats
2019-2020	66.52%	33.48%	$87,000	$28,200	$159,750	$96,000
2017-2018	69.85%	29.56%	$63,000	$47,750	$268,900	$71,000
2015-2016	79.61%	20.39%	$114,000	$28,000	$281,660	$73,350
2013-2014	73.87%	26.13%	$87,750	$35,500	$240,250	$80,500

Senate Candidates Who Received the Most Funding, 2019-2020



House Candidates Who Received the Most Funding, 2019-2020



SOURCE: Center for Responsive Politics, as of Dec. 26, 2020. Visit https://bit.ly/3qelU1Z.

the House side, Kelly and McCarthy each received $10,000 from UnitedHealth, as did Reps. Richard Hudson (R-N.C.), Bill Johnson (R-Ohio), Steve Scalise (R-La.), Elise Stefanik (R-N.Y.), Tim Walberg (R-Mich.) and Jackie Walorski (R-Ind.).

✦ ***Health Care Service Corp.*** (HCSC) said that it takes a "nonpartisan" role in working with federal and state lawmakers. The budget for its 2021 PAC hasn't been set, the organization said, adding, "we currently aren't in a giving cycle, so we have no active decisions to make at this time."

In the 2019-2020 election cycle, HCSC's PAC gave $194,000 to federal candidates, with 59% going to Republicans and 41% to Democrats, according to Open Secrets. Several members who opposed election certification, including Reps. Tom Cole (R-Okla.) and Markwayne Mullin (R-Okla.) received donations from the PAC.

Visit opensecrets.org for more information. ✧

by Jane Anderson

Tennessee's 'Aggregate Cap' Medicaid Waiver Gets CMS OK

Continuing its spree of approving ambitious waivers before the end of the Trump administration, CMS on Jan. 8 gave Tennessee its blessing to become the first state in the nation to cap its Medicaid funding in exchange for a range of operating flexibilities. Industry insiders tell AIS Health that while the future of Tennessee's demonstration is uncertain, its approval could still be a point of concern for Medicaid managed care organizations.

"Similar to medical loss ratio (MLR) requirements in the Medicaid managed care final rule, the waiver would give Tennessee more oversight over their Medicaid plans, from flexibility in managed care contracting to rate setting," explains Abner Mason, founder and CEO of ConsejoSano, a health tech startup specializing in linguistically and culturally aligned Medicaid and Medicare health plan member outreach.

"The changes to rate setting will be particularly worrisome to plans," Mason tells AIS Health. Currently, capitation rates for plans must be actuarially sound, meaning "the rates are projected to provide for all reasonable, appropriate and attainable costs, which CMS reviews and approves," he explains. But under the TennCare III waiver, "Tennessee would not have to get CMS approval for a plan's capitation rate," Mason says. "Without the actuarial soundness requirement, plans will be concerned that TennCare would have the ability to propose arbitrary capitation rates, with potential for reductions due to state budget constraints."

CMS Encouraged Capped Funding

The approval of Tennessee's waiver comes a little less than a year after CMS issued its Healthy Adult Opportunity guidance, which paved the way for states to cap their federal Medicaid funding in exchange for more flexibilities *(HPW 2/3/20, p. 3)*. Converting Medicaid financing to a block grant or similar structure has been a core policy goal of CMS Administrator Seema Verma and the Trump administration at large, particularly after Republican lawmakers included such a measure in their unsuccessful legislation to repeal the Affordable Care Act.

The TennCare III demonstration, which is slated to last 10 years, uses what CMS calls an "aggregate cap" approach to Medicaid financing. It will require Tennessee and CMS to evaluate historical enrollment and spending data and create a fixed Medicaid spending target that "will increase at a reasonable growth rate over time." In exchange, the state will receive a range of flexibilities regarding how to administer its Medicaid program, such as:

✦ ***The ability to increase benefits and coverage without seeking prior approval from CMS, within the parameters approved;***

✦ ***The authority to address Medicaid fraud more aggressively;***

✦ ***The ability to change existing benefits and services without reducing the amount, duration or scope of covered services below current levels***; and

✦ ***The authority to better regulate uncompensated care costs.***

Tennessee will also be able to access up to 55% of the annual savings generated when the state's Medicaid spending falls below the aggregate cap and when it meets quality targets. In addition, the waiver allows Tennessee to set up a "commercial-style" closed drug formulary while still participating in the Medicaid Drug Rebate Program — another unprecedented flexibility for a state Medicaid program.

Finally, in a likely nod to concerns about the COVID-19 pandemic increasing Medicaid spending, CMS says the plan includes a "safety value" that would help increase funding to account for unexpected increases in enrollment. That backstop would also "ensure that the state is incentivized to control cost growth through efficient administration and reducing unnecessary costs rather than through reduced enrollment," according to the Trump administration.

But some policy experts are not convinced that CMS's safety valve is enough to allay concerns about the

effects of an aggregate-cap Medicaid funding arrangement.

"The very nature of block grants in relation to Medicaid is about managing costs rather than strengthening quality," says Jerry Vitti, founder and CEO of Healthcare Financial, Inc., which connects low-income, elderly and disabled populations with public benefit programs. "With a block grant in place, running Medicaid in Tennessee becomes a fiscal exercise only, rather than the traditional approach of improving outcomes and ensuring access while managing costs. That is a big distinction, safety valve or not."

Savings Create Incentives to Cut

Jocelyn Guyer, managing director with Manatt Health, says the shared-savings opportunity included in Tennessee's waiver program strikes her as the most problematic — and potentially the ripest target for a legal challenge.

"What CMS has done is given Tennessee some of the federal government's money if it brings spending in below target levels — so it creates much more intense incentives for Tennessee to cut, whether that's through reduced payment rates to MCOs or other means," Guyer tells AIS Health.

Mason points out that states already have plenty of reasons to be tightening their budgets for Medicaid, which is often the largest state expense category.

"We know with COVID that state budgets are in crisis mode — [facing] declining income tax revenues due to high unemployment and sharp drops in sales taxes and other fees due to decreased consumption, coupled with increased spending to fight the virus," he tells AIS Health. "Tennessee is no exception. We're already seeing other states' efforts to claw back funds from plans, using COVID as justification. Medicaid block grants during COVID will take that to another level. With the long-term viability of Tennessee Medicaid MCOs at stake, plans will need to keep a close eye on the rates that TennCare will be offering in a block grant-COVID environment."

Guyer points out that Tennessee's demonstration program may never get off the ground, as it faces the possibility of legal challenges and a new presidential administration that is likely to view it skeptically.

"If I were a Tennessee official, I'd be extremely concerned I'm going to hit obstacles," she says.

CMS Moves to Keep Waivers Intact

Yet Vitti argues that "any course of action by the Biden administration to undo this will be difficult." Indeed, CMS Administrator Seema Verma on Jan. 4 sent a letter to state Medicaid directors asking them to quickly sign a "letter of agreement" that sets up a new, lengthier procedure CMS must follow in order to withdraw approved waivers.

"Despite the administration's efforts to make it as hard as possible to undo, ultimately Biden's administration will be able to, whether through a legal challenge or other means," Vitti adds.

TennCare III is the latest in a series of waivers approved by CMS in recent months. In October, the agency greenlighted Section 1115 waivers in Georgia and Nebraska that included another of Verma's signature initiatives: Medicaid work requirements *(HPW 10/23/20, p. 1)*.

The next month, CMS approved Georgia's request to set up a Section 1332 waiver program that allows the state to stop using HealthCare.gov as a centralized enrollment platform starting in 2023 *(HPW 11/6/20, p. 8)*.

Read more about the waiver approval at https://go.cms.gov/3ii1NOQ and https://bit.ly/2N5qpyR. Contact Vitti and Mason via Joe Reblando at joe@joereblando.com and Guyer via Sam Eisele at seisele@manatt.com. ✧

by Leslie Small

Congress Could Bolster ACA

continued from p. 1

However, there are legal limits on the type of legislation that can be passed through that mechanism. Moreover, Democrats' narrow majority in the Senate means that centrist members like Sen. Joe Manchin (D-W. Va.) would have to back whatever the administration hopes to get through Congress, even in the context of reconciliation.

There are additional demands on Congress' time that will delay any attempts at major health care reform. There will be legislation to fix the botched COVID-19 pandemic response, and Congress must take up Biden's relief proposal. While some progressives in the Democratic caucus — including new Senate Budget Committee Chair Sen. Bernie Sanders (I-Vt.) — have said that large-scale health care reform should be part of those efforts, that argument has yet to persuade congressional leadership and the new White House.

Insiders say Congress has too much on its plate outside the pandemic to handle large-scale reforms right away. Biden has yet to have any of his cabinet members confirmed by the Senate; that chamber will also be occupied by the trial in the second impeachment of President Donald Trump on Jan. 13. The trial is expected to take

up at least the first few weeks of the new session.

John Barkett, senior director of policy affairs at Willis Towers Watson, tells AIS Health that, in order to be viable in the short term, legislation must meet three criteria: "Is there legislation that's ready to go, is it supported by industry, and can it make it through budget reconciliation?"

Barkett says that a public option doesn't meet any of those requirements.

"There may be legislation from previous Congresses on a public option," he explains. "In the ACA, the House had a public option in its plan. You would have to dust those off and take a look at those again. But you'd need to get a new [Congressional Budget Office] score, and you'd basically have to take a look at it in a modern light. Industry would not support it, and it's not clear if it would make it through budget reconciliation rules."

Providers Will Likely Oppose Public Option

Loren Adler, associate director of the USC-Brookings Schaeffer Initiative for Health Policy, has a similar assessment.

"I think there is going to be plenty of talk about things like public options and the sort, but it seems hard to envision how that passes in a 50-50 Senate," Adler tells AIS Health. Adler agrees with Barkett's assessment of industry opposition as well.

"We're really seeing the full provider lobby mobilization against a public option," Adler says, "which only functions if it's paying providers somewhat less than what private plans are paying today. I think the confluence of both the payers and the providers being in unison, lobbying against it, and you only need to peel one Democrat off of a bill — it makes it hard to pass, not impossible."

"To me, the one thing that I think is right in the sweet spot is enhancing subsidies in the ACA exchanges," Barkett says. "It meets budget reconciliation rules. There's already legislative language that has been crafted...and it's supported by industry — the health insurance industry is happy to have more premium tax credits go their way."

A model for that legislation could be California's 2019 move to offer subsidies to families earning as much as 600% of the federal poverty level *(HPW 8/10/20, p. 3)*.

Biden's relief proposal calls for "Congress to expand and increase the value of the Premium Tax Credit to lower or eliminate health insurance premiums and ensure enrollees...will not pay more than 8.5 percent of their income for coverage."

Short-Term Plans Could Be Targeted

Adler says that expanded subsidies could have the effect of constraining the short-term, limited-duration plan market. Some policy watchers have argued that those plans are a bad deal for consumers, who bear much more risk than with an ACA-compliant plan, and some experts suggest that they have destabilized the individual market *(HPW 3/23/20, p. 4)*.

"Does the short-term plan market completely disappear under Biden?" Adler says. "I'm actually somewhat skeptical they do that through regulation, because you have to go through a notice and comment [period] again.... But you can effectively get rid of the short-term market by just increasing subsidies — at some level, if subsidies are high enough, no one wants to buy a short-term plan if they can pay the same price for an ACA plan."

Dan Mendelson, founder of Avalere Health, is also doubtful that a public option could pass Congress. Instead, he says the administration and members alike will be focused on managing the fallout from the pandemic and economic crisis.

"You could see some legislation that would say, if you have lost your job due to COVID, then you become eligible for the exchange, that there are subsidies associated with that — there are ways to do some incrementally positive health insurance provisions. I think there's some interest in the Congress in thinking about what can be done that way," Mendelson says.

Along those lines, Biden's plan calls for "Congress to subsidize continuation health coverage (COBRA) through the end of September."

Mendelson adds that the emergency response will also have to account for Medicaid.

"On the Medicaid side, [there could be action on] enhanced federal match rates, which are really necessary given the predicament that states are in — states, unlike the federal government, have to balance their budgets, and they are feeling very squeezed," Mendelson explains.

Will GOP Abandon ACA Repeal?

Meanwhile, the health care agenda for congressional Republicans is in flux. Mendelson says that some in the party are looking to move on from efforts to repeal the ACA — which Mendelson points out could still happen if the Supreme Court decides the law is unconstitutional in *California v. Texas*.

But he adds that "I think, actually, there are a lot of Republican lawmakers who would like to put that issue be-

hind them....This is an issue that does not accrue to [Republicans'] benefit."

Still, that doesn't mean that Republicans will join any Democratic attempts to pass health care reforms. Michael Bagel, director of public policy at the Alliance of Community Health Plans, tells AIS Health that Republicans may return to being "debt and deficit hawks," which could mean advocating for programs like Medicaid block grants and work requirements.

Read Biden's legislative plan for coronavirus relief at https://bit.ly/3b-FC2GF. Contact Adler at ladler@brookings.edu, Bagel via Dan Lemle at dlemle@achp.org, Barkett via Ed Emerman at eemerman@eaglepr.com and Mendelson via Vonzy Davis at vdavis@avalere.com. ✧

by Peter Johnson

News Briefs

✦ ***On Jan. 15, CMS finalized a rule that compels Medicaid, CHIP and Affordable Care Act (ACA) exchange plans to streamline their prior authorization processes.*** The regulation, which the administration proposed in December *(HPW 12/18/20, p. 1)*, would also require the affected plans to add new capabilities to the Patient Access APIs that they had to build in order to comply with a previously finalized data interoperability rule. Read more at https://go.cms.gov/2LDw8eL.

✦ ***CMS on Jan. 14 finalized several provisions in the 2022 Notice of Benefit and Payment Parameters (NBPP), cementing controversial new regulations for the ACA exchanges.*** Payer trade groups criticized the draft rule on various points, particularly an unusually short comment period and a provision that would allow states to abandon a centralized health insurance exchange in favor of relying on brokers, agents and insurers *(HPW 1/8/21, p. 5)*. While that provision was among those finalized, CMS said it "anticipates continuing to review comments and finalizing other proposed policies in a second final rule to be published at a later date." Read more at http://go.cms.gov/3sku3Vs.

✦ ***During the 2021 open enrollment period, 8.3 million people selected individual market plans through HealthCare.gov, according to the Jan. 12 final weekly enrollment snapshot prepared by CMS.*** The enrollment figures are likely an indication that individual market participation has increased, as the states of Pennsylvania and New Jersey left the federal marketplace to set up their own platforms, which launched in time for the 2021 plan year. According to the CMS snapshot, "those two states accounted for 578,251 plan selections or 7% of all plan selections during the 2020 Open Enrollment Period." A final individual enrollment report for 2021, including figures from the state exchanges, will be released in March. Read more at http://go.cms.gov/3icpTu4.

✦ ***Humana Inc. said on Jan. 12 that it is teaming up with athenahealth, Inc. in a collaboration that will "deliver value-added member insights" through athenahealth's electronic health record software.*** "With this collaboration, we will deliver consistent data-driven insights to physicians at the point of care, to help them assess the best treatment options for every patient, especially those suffering from chronic conditions," said Bob Segert, chairman and CEO of athenahealth. Visit https://bwnews.pr/3stqNqK to learn more.

✦ ***In an effort to address frustrations related to medical billing, Blue Shield of California said on Jan. 11 that it is "experimenting with updating the medical payment and billing process" into one concise bill that is updated in real time.*** The insurer said it teamed up with OODA Health to launch a pilot member-payment program last fall in two Dignity Health facilities, and it is now expanding that program to 26 hospitals. "Our goal is to make the payment process as easy as checking out of a grocery store or a hotel," Jeff Semenchuk, chief innovation officer of Blue Shield of California, said in a statement. Visit https://bit.ly/3nHN2pr to learn more.

✦ ***Commercial insurance's share of the overall health insurance market has declined in the last decade, even as premium revenue has grown, according to a Jan. 6 AM Best report.*** The firm found that net premiums written for commercial health insurance products grew by 40% between 2009 and 2019, when net commercial health insurance premiums totaled $385 billion. The report's time frame coincides with both the ACA's Medicaid expansion and growth in Medicare, which has seen enrollment increase as baby boomers have reached eligibility. Read more at http://bit.ly/2KfjO3A.

Executive Compensation Data for Presidents and/or CEOs of Blue Cross and Blue Shield Affiliates, 2019

Company	President/CEO	2019 salary	2019 Bonus	2019 Other Compensation	2019 Total Compensation	Increase (Decrease) from 2018
Anthem, Inc.	Gail K. Boudreaux	$1,400,000	-	$228,093	$15,473,139	9.09%
Blue Cross Blue Shield of Michigan Mutual Insurance Company	Daniel J. Loepp	$1,537,661	$9,056,823	$1,510,499	$12,104,983	-37.03%
Blue Cross Blue Shield of Florida	Patrick J. Geraghty	$1,296,154	$4,800,000	$5,867,066	$11,963,220	6.94%
Health Care Service Corporation	David Lesar	$5,527,560	-	$10,551	$6,038,111	N/A
Independence Hospital Indemnity Plan, Inc.	Daniel J. Hilferty	$1,250,000	$4,431,750	$36,276	$5,718,026	-30.80%
Cambia Health Solutions, Inc. (operates Regence companies in Idaho, Oregon, Utah and Washington state)*	Mark B. Ganz	$1,076,501	$3,845,186	$205,494	$5,127,181	21.07%
Horizon Healthcare Services, Inc.	Kevin P. Conlin	$1,000,000	$3,369,834	$121,254	$4,491,088	31.28%
Wellmark, Inc.	John D. Forsyth	$76,931	$3,401,520	$75,001	$4,245,752	10.56%
Triple-S Management Corp.	Roberto Garcia-Rodriguez	$825,000	$600	$9,100	$4,193,701	29.07%
Blue Cross and Blue Shield of Massachusetts, Inc.	Andrew Dreyfus	$1,150,001	$2,930,777	$72,052	$4,152,830	5.35%
Premera Blue Cross	Jeffrey Edward Roe	$1,118,988	$2,714,846	$203,359	$4,037,193	-0.02%
BlueCross BlueShield of Tennessee, Inc.	Jason David Hickey	$805,201	$2,384,270	$181,556	$3,371,027	22.55%
Blue Cross and Blue Shield of North Carolina	Gerald A. Petkau	$703,716	$2,161,594	$279,000	$3,144,310	21.87%
Highmark Inc.	Deborah Lynn Rice-Johnson	$729,236	$1,957,308	$401,030	$3,087,574	16.74%
Blue Cross Blue Shield of Arizona, Inc.	Pam Kehaly	$928,566	$1,627,978	$124,725	$2,681,269	144.47%
Blue Cross and Blue Shield of South Carolina	David Stephen Pankau	$36,792	$1,733,264	$70,372	$2,171,428	3.91%
Blue Cross and Blue Shield of Rhode Island	Kim A. Keck	$839,497	$827,000	$108,766	$1,775,263	7.77%
Blue Cross and Blue Shield of Nebraska	Steve Grandfield	$772,500	$903,893	$35,338	$1,711,731	-0.87%
Hawaii Medical Service Association	Michael B. Stollar	$824,699	$863,855	$6,000	$1,694,554	51.97%
Blue Cross Blue Shield of Minnesota	Craig Samitt	$1,058,564	$500,000	$52,091	$1,610,655	38.09%
CareFirst, Inc.	Brian David Pieninck	$720,192	$754,800	$96,419	$1,571,412	50.19%
Blue Cross and Blue Shield of Kansas City	Erin Stucky	$726,308	$795,993	$28,546	$1,550,847	-11.21%
Capital Health Plan	John M Hogan	$689,422	$282,856	$33,639	$1,005,917	-1.16%
USAble Mutual Insurance Company	Curtis E. Barnett	$807,815	$36,755	$34,761	$879,331	-35.28%
Blue Cross and Blue Shield of Vermont	Don George	$528,055	$117,657	$35,407	$681,119	0.05%
Noridian Mutual Insurance Company	Daniel Conard	$321,835	$167,758	$1,754	$491,347	14.25%
Capital Blue Cross	Gary St. Hilaire	$96,146	$235,943	$1,905	$333,994	12.44%

See a full list of director compensation for Presidents and/or CEOs of Blue Cross and Blue Shield Affiliates at https://bit.ly/3svZzji, compiled by AIS Health.

N/A = Not Available
Compensation data for Mark Ganz includes payments allocated to Regence insurance operations in Washington state, Oregon and Utah but not Idaho.

SOURCE/METHODOLOGY: All data is compiled from individual health insurance companies, state insurance department documents and U.S. Securities and Exhange Commission filings. Health plans selected based on commercial medical risk enrollment as of the beginning of 2020, per AIS's Directory of Health Plans.

NOTES: Alabama, Louisiana, Idaho and South Dakota do not disclose compensation data for specific executives at health insurance companies. California and New York do not collect compensation data. David Lesar was named president and CEO of Health Care Service Corp. in May 2020, effective June 1, 2020. Gerald A. Petkau was appointed interim CEO of Blue Cross and Blue Shield of North Carolina after Patrick Conway resigned on Sept. 25, 2019. Petkau was the chief operating officer of the insurer. Steve Grandfield was appointed CEO of Blue Cross and Blue Shield of Nebraska in March 2018. Craig Samitt became CEO of Blue Cross Blue Shield of Minnesota in July 2018. His sign-on payment was $750,000. Brian David Pieninck was promoted to president and CEO of CareFirst, Inc., effective July 1, 2018. Danette K. Wilson retired from Blue Cross and Blue Shield of Kansas City in May 2019. Erin Stucky, formerly EVP for Market Innovation and Business Development, succeeded Wilson effective June 1, 2019.