

COVID-19 DIGITAL LISTENING for

HEALTH INSURANCE

Group and Individual Benefits Insights and Competitor Trends

4.24 – 4.30 BRIEFING



MARKETBRIDGE

Table of Contents

Weekly Updates for Individual & Group Health Insurance

Top Trends

Within the individual and group health insurance industry, an overview of the top trends from the period

03 Health Payer Trends – Individual & Group

In-depth exploration of the trends and implications among health payers in the individual and group landscape

04 Consumer Trends – Individual & Group

In-depth exploration of the trends and implications among consumers in the individual and group landscape

06

Industry News Updates

Overview of the most recent industry and regulation happenings within the individual and group space

08

Top Trends Among Individual & Group Insurance During Coronavirus

1

HEALTH PAYER

Insurers expand prior authorization requirements to streamline provider care.

[Page 4](#)

2

HEALTH PAYER

Insurers launch virtual assistants to provide COVID-19 guidance for consumers.

[Page 5](#)

3

CONSUMER

Consumers are experiencing unexpected out of pocket costs for telehealth services.

[Page 6](#)

4

CONSUMER

One in seven Americans would not seek COVID-19 care due to a fear of costs.

[Page 7](#)

1 Insurers expand prior authorization requirements to streamline provider care.

WHAT IS HAPPENING

Insurers continue to expand prior authorization suspensions to reduce administrative hassle during the COVID-19 pandemic.

- It is estimated “prior authorizations can cost the provider \$11 each time and take 27 minutes to complete.” This can burden providers during times of crisis.
- Independence Blue Cross is extending authorizations for elective procedures and relaxing other authorization requirements.
- Neighborhood Health Plan is further waiving prior authorization requirements.
- **Humana, Anthem, UnitedHealthcare, Cigna** and other insurers have previously relaxed prior authorization rules to help streamline provider care, “ease financial concerns and give administrative relief for the healthcare-provider community.”

WHAT ARE THE DETAILS



- Extending authorizations on all elective procedures for six months.
- Relaxing prior authorization rules for inpatient admissions from an emergency department and transfers to post-acute facilities.



- Waiving prior authorizations requirements for all behavioral health and inpatient medical services regardless of the relation to COVID-19.



- Rhode Island governor signed an executive order to waive requirements to seek prior authorizations from payers and relax other regulations that may have been reducing access to care.

WHY THIS IS IMPORTANT

Insurers are easing cumbersome regulations to improve access to care during the COVID-19 crisis.

IMPLICATION

While insurers are making it easier for providers to focus on patient care instead of administrative burdens during this time of crisis, depending on how this process unfolds moving forward, patients may be left to face unforeseen bills.

2 Insurers launch virtual assistants to provide COVID-19 guidance for consumers.

WHAT IS HAPPENING

Insurers are rolling out AI-based technology to provide COVID-19 guidance to the public.

- Highmark's new website, which received 30,000 visitors in the first week of its launch, includes a Healthbot virtual assistant to provide consumers with relevant COVID-19 information.
- A new poll from the Associated Press found the news media is the most frequently used source of information about the coronavirus; however only about one-third of Americans highly trust virus information from the news media.

WHAT ARE THE DETAILS



- Collaborated with the CDC Foundation and Microsoft to launch the COVID-19 Symptom Checker Healthbot – available to members and non-members on highmarkanswers.com.
- The website helps consumers check for COVID-19 symptoms and provides guidance for those looking to seek medical care.



- Offering a dedicated COVID-19 virtual assistant on its public websites to guide "users through educational content or through a series of questions to check for COVID-19 symptoms and related risk factors."
- Software created by GYANT.

WHY THIS IS IMPORTANT

Insurers are leveraging AI communication channels to provide the public with quick and essential health information.

IMPLICATION

Insurers are expediting digital communication channels to give consumers the information they need to stay healthy and prepared. Post-pandemic, more AI tools and technology will likely become a mainstream way of interacting with consumers.

3 Consumers are experiencing unexpected out of pocket costs for telehealth services.

WHAT IS HAPPENING

Patients are getting surprise charges from telehealth visits, despite many national insurers announcing the coverage of COVID-19-related telehealth services for members.

- Consumer use of telehealth services has greatly expanded as many look to receive care while avoiding medical facilities.
- However, consumers are now seeing providers bill them for services like a simple checkup phone call that was not previously considered telemedicine.
- Insurers report they were unable to "immediately eliminate telehealth copays for millions of members who carry their cards but receive coverage through self-insured employers."

WHAT ARE THE DETAILS

Kaiser Health News [gathered consumer experiences](#) with surprise telehealth charges:

- “
- "They [insurer] said, 'No, it goes toward your deductible and you've got to pay the whole \$70,' "
 - "David DeKeyser, a marketing strategist in Brooklyn, N.Y., sought a physician's advice via video... The office charged the whole visit — \$280, not just the copay — to his debit card without notifying him."
 - "What would have been treated as a phone call, they [provider] now bill as telemedicine," she says. "The physician would not call me without billing me." ”



- Telehealth visits through its platform have [doubled in volume to 20,000 medical visits a day](#) since early March.

WHY THIS IS IMPORTANT

Consumers expect, but are not receiving, no-cost/low-cost telehealth interactions due to surprise billing.

IMPLICATION

Consumers may be left with a poor view of telehealth services due to billing red tape with insurers. Therefore, insurers may need to continue to actively promote telehealth to drive adoption as well as positive sentiment at a time when it will likely become a staple form of patient care.

4

One in seven Americans would not seek COVID-19 care due to a fear of costs.

WHAT IS HAPPENING

A recent poll from Gallup and West Health found one in seven Americans would not seek medical help if they developed a fever or dry cough because of concerns about treatment costs.

- The poll further found 9 percent of Americans would avoid care even if they believed they had coronavirus.
- Younger Americans, minorities, those with a lower education level and those with lower incomes were more likely to report avoiding medical help if a fever and cough developed.
- The Gallup research concluded Americans face a lack of knowledge about COVID-19 symptoms, possibly contributing to the high number of Americans unwilling to seek medical care.

WHAT ARE THE DETAILS

- Consumer Quotes from Reddit:



- "As an American, unless I'm actively dying I avoid the Healthcare system as much as possible"
- "As an American, 1 in 7 seems low to me."
- "Count me along that number. There's no way I'm going to face bankruptcy to treat something I'll probably survive."
- "This was the norm before the virus and people will still go to work sick after the return to normal."



WHY THIS IS IMPORTANT

Consumers are wary of the U.S. healthcare system and may need reassurance that costs will be covered.

IMPLICATION

Consumers are avoiding seeking care which may continue to have negative effects on communities looking to recover. Insurers need to take additional steps to demonstrate care will be covered if sought to avoid a prolonged outbreak.

Industry News Related to Coronavirus

As of April 30, 2020

UNITED STATES TO EXPERIENCE A LARGE DECLINE IN OVERALL HEALTH EXPENDITURES

- Research from Milliman Inc. estimates the COVID-19 pandemic could "reduce health care costs nationwide by up to \$575 billion in 2020."
- The reduction in costs stems from patients delaying elective procedures to avoid spreading COVID-19.

HHS LAUNCHES PORTAL FOR PROVIDERS TO SUBMIT CLAIMS FOR UNINSURED COVID-19 PATIENTS

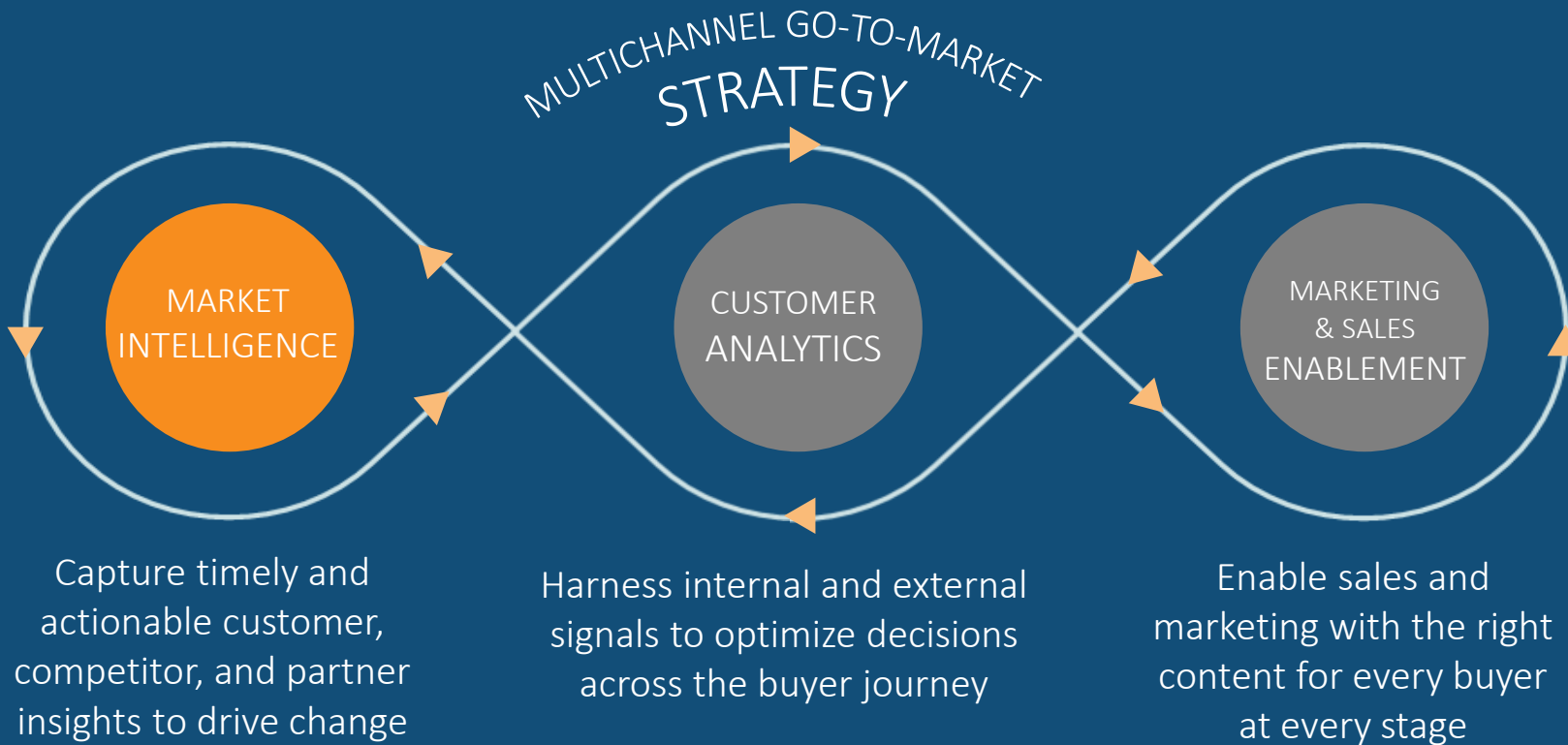
- The Uninsured Program Portal will be available to providers through the Health Resources and Services Administration and is a part of the White House Administration's effort to cover the costs of COVID-19 testing and treatment for uninsured individuals.
- The program allows providers to receive claims reimbursement at Medicare rates if they provided testing or care to uninsured individuals on or after February 4.

AHIP, U.S. CHAMBER OF COMMERCE, AND AHA JOIN FORCES TO ADVOCATE FOR FURTHER HEALTH INSURANCE LEGISLATION

- The organizations are requesting Congress draft legislation to ensure all Americans are able to receive and afford health insurance coverage.
- They demand the U.S. government fully cover COBRA plans, give subsidies to employers for health plans, expand HSAs, open the ACA marketplace and increase financial assistance to purchase marketplace plans.

Your Partner in Market Research

Based on 25+ years of experience, made actionable with industry-specific best practices and benchmarks, we connect always-on strategy with agile execution to future-proof your success.



50+

Fortune 1000 clients

