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Market Intelligence Report

September 2020

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What Topics did 100,000+ Subscribers of Health Plan Publication read?

Payer Profitability

Executive Moves

Single Payer System

CMS Interoperability Rule

Mounting Regulatory Challenges

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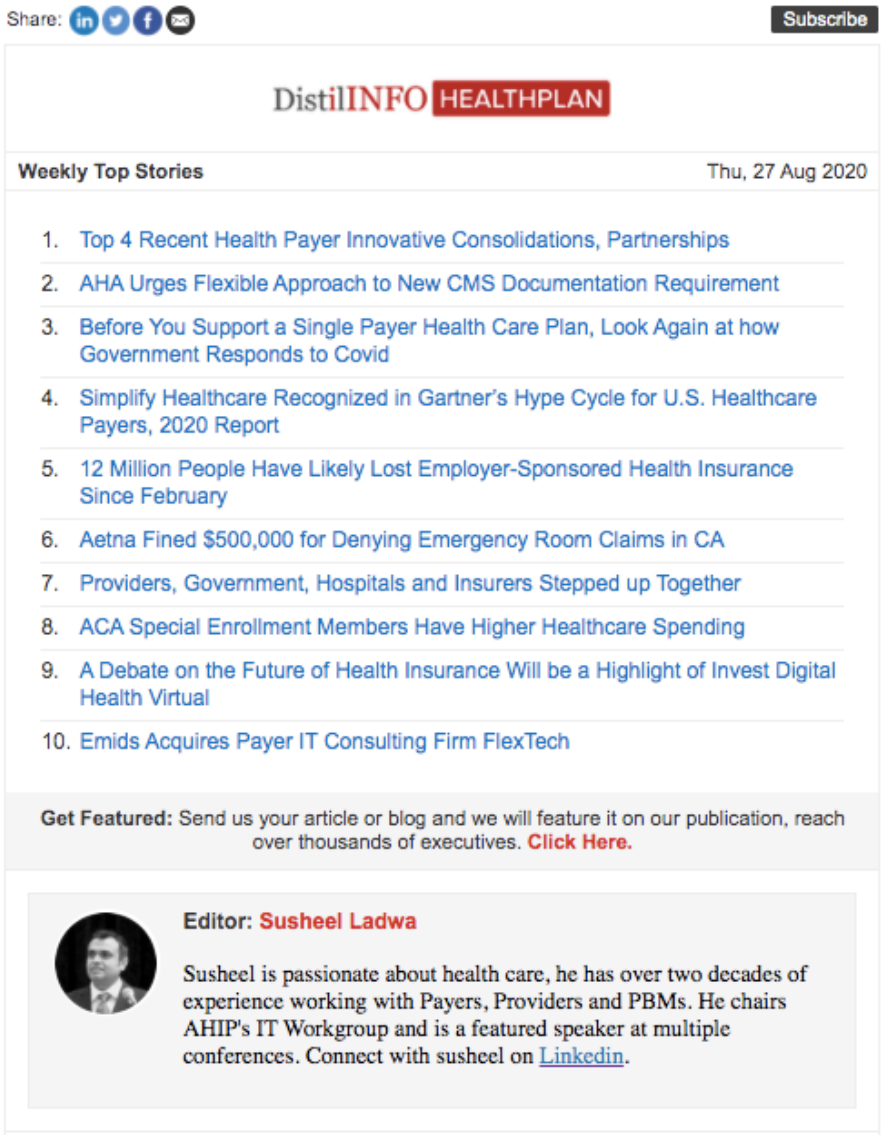
We studied and analyzed **reader interest** across Health Plan Industry for this report..

1,800+ Health Plans & Affiliated Organizations
9,000+ CxO Level Readers
13,000+ VP Level Readers
31,000+ Director Level Readers



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Weekly Top Stories Thu, 27 Aug 2020

1. Top 4 Recent Health Payer Innovative Consolidations, Partnerships
2. AHA Urges Flexible Approach to New CMS Documentation Requirement
3. Before You Support a Single Payer Health Care Plan, Look Again at how Government Responds to Covid
4. Simplify Healthcare Recognized in Gartner's Hype Cycle for U.S. Healthcare Payers, 2020 Report
5. 12 Million People Have Likely Lost Employer-Sponsored Health Insurance Since February
6. Aetna Fined $500,000 for Denying Emergency Room Claims in CA
7. Providers, Government, Hospitals and Insurers Stepped up Together
8. ACA Special Enrollment Members Have Higher Healthcare Spending
9. A Debate on the Future of Health Insurance Will be a Highlight of Invest Digital Health Virtual
10. Emids Acquires Payer IT Consulting Firm FlexTech

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Susheel is passionate about health care, he has over two decades of experience working with Payers, Providers and PBMs. He chairs AHIP's IT Workgroup and is a featured speaker at multiple conferences. Connect with susheel on Linkedin.

What did the subscribers really read? What's on their minds?
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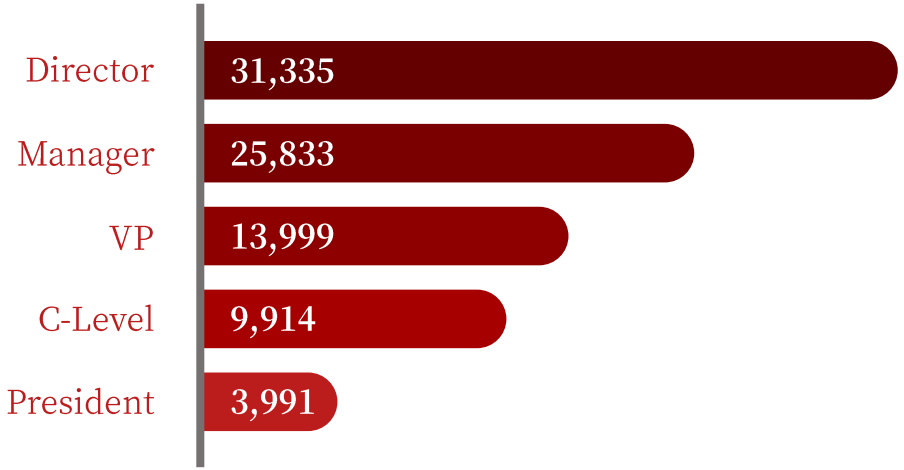
Here is what are **CxO, VP, Director Level** health Plan audience is interested in..



CxO, VP Level Audience

1. Executive Moves & CEO Exits
2. Profitability of Health Plans
3. What does COVID mean to their business

The IT Focused Audience

1. CMS Interoperability Rule
2. Vendors in the Interoperability Space
3. Data Analytics and COVID reporting

Overall Business Audience

1. CMS notices to Anthem and Cigna (fraudulent coding)
2. CMS Offering more autonomy to States
3. Consumerization of Healthcare

Top 10 Most Read articles in

August 2020 in Health Plan publication

Top 10 Most Read – August 2020

1. 5 Payers That Made $1B+ in Q2
2. Prepare for CMS Interoperability and Patient Access API Compliance for U.S. Healthcare Payers
3. Single Payer Needed Now More Than Ever
4. Fraudulent Coding Led CMS to Overpay Cigna $1.4B, Justice Department says
5. CMS Approves NH 1332 Waiver, States Adopt Own Health Insurance Taxes
6. Insurers Propose Lower Rates for Pa. Affordable Care Act Plans in 2021
7. 8 Payer Executive Moves
8. Managed Care Providers Post Insurance Industry's Highest CEO Compensation Ratios
9. Top 4 Recent Health Payer Innovative Consolidations, Partnerships
10. AHA Urges Flexible Approach to New CMS Documentation Requirement

Analysis: Mounting Regulatory Challenges

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Mounting Regulatory Challenges

- CMS and government regulatory agencies are increasing their scrutiny of the health plan payer operations and financial transactions.
- State governments are moving in a direction to decentralize the management and of the health plans.
- Healthcare providers are also impacted by the spillover effect of newer regulations. Provider associations are presenting their case for higher relaxation.

Fraudulent Coding Led CMS to Overpay Cigna $1.4B, Justice Department says

CMS Approves NH 1332 Waiver, States Adopt Own Health Insurance Taxes

AHA Urges Flexible Approach to New CMS Documentation Requirement

Analysis: Payer Profitability

Payer Profitability

- Payers are held in a paradox situation where their current quarter profitability is rocketing up due to postponed elective surgeries, but these profits are volatile.
- Payers are worrying if they must claw back the profits now and/or incur loses later next year.
- Higher uncertainty about the future is drifting insurers to raise funds and collaborate.

5 Payers That Made $1B+ in Q2

Insurers Propose Lower Rates for Pa. Affordable Care Act Plans in 2021

Top 4 Recent Health Payer Innovative Consolidations, Partnerships

Analysis: CMS Interoperability Rule

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- Technology is impacting payers in more than one way.
- The interoperability rule from CMS has led payer to rush for developing data strategy and find IT vendors/partners to meet the regulatory requirements.
- This is about time for the payers to reimagine the data and analytics possibility with health data becoming more interoperable.

Prepare for CMS Interoperability and Patient Access API Compliance for U.S. Healthcare Payers

Access to Health Information & Interoperability of Health Information Technology

Analysis: Single Payer System

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- A pandemic and an election year are the driving forces to establish a case for single payer system.
- Single payer might not mean an end to private insurance (like Canada), but would mean commoditization of insurance products with little room for creativity and differentiation.
- Payers must evaluate their options now and engage in environmental scans of markets like Australia and UK where single payer systems co-exists with private payer channels.

Single Payer Needed Now More Than Ever

'Threadbare' US System Denounced as Study Shows 12 Million Lost Employer-Tied Healthcare During Pandemic

Analysis: Executive Moves

Executive Moves

- Uncertainty about the future has increased the turnover rate at the ivory towers.
- Payers are racing to hire the best talent to secure the future talent pipeline and sail through the current turbulences.
- Health providers are competing with the payers for the talent. CEO salaries are growing faster in provider space versus payer arena.
- CEO pay ratios (compared to company average) has increased year-over-year for payers and providers. The trend, however, is opposite for the financial institutions and reinsurers.

8 Payer Executive Moves

Managed Care Providers Post Insurance Industry's Highest CEO Compensation Ratios

Trends and Insights

Data interoperability is the new normal (and a regulatory requirement)

- Prepare to Comply With Patient Access API Regulatory Mandate

Assess Readiness and Capabilities	Mitigate Data, privacy, and IT Risks	Evaluate the data and quality requirements	Identify and collaborate with vendors
Map internal processes with the regulatory requirements	Develop contingencies based on risks	Establishes protocols to manage data quality	Target purpose built solutions

Health Plan Decentralization is Growing

- CMS is granting the states more autonomy in managing and negotiating Medicare contracts with the payers and reinsurers. As a result, the premium prices are under stress.
- In states like Pennsylvania, insurers have already proposed lower premium rates for the year 2021.
- Health Plan providers should develop state level strategy to recourse on the pricing and other bottom-line key parameters.

Single Payer [CMS] Tightening scrutiny to lower the Claims pay-out Costs

- CMS is issuing notices to Anthem and Cigna to signal its concern with the fraudulent coding. The CMS activity aims to check the artificially inflated reimbursements under the Medicare Advantage Plans
- In the current election year, the talks of single payer system are ‘again’ gaining traction. This would mean a tighter control on prices for the health plan organizations
- The future appears to be a single payer at federal level with management and implementation authority to states. Health insurers must balance the expectations are federal and state level.

Notable Payer Executive Quotes

Regulators are aiming for a healthy competition to contain insurance premium costs

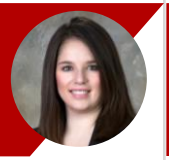
COVID impact assessments are uncertain. Losses for sure on the horizon!

Boldly new patient focused health systems the the need and the future.

Health providers can help insurers to contain costs and keep workforce healthy.

"No county would lose an on-exchange insurer, and 13 counties would gain at least one new carrier under plans submitted to the state in May, marking the third year of increased competition and decreasing or moderately increasing premiums."

Jessica Altman, Insurance Commissioner Pennsylvania



"I expect the coronavirus pandemic to cost the insurer more than $600 million. At the end of the day, the question is how deep (of a recession), and how long is it going to be? So it's difficult. I don't think any of us, you know, has a clear line of sight. I think we have to follow things very closely, and then be extremely flexible."

Dr. Tunde Sotunde, CEO Blue Cross and Blue Shield, North Carolina

"We're not talking about fixing today's health care system, we're talking about a bold mission to create a whole new system. It will be dynamic, perpetual and focus on individuals in their health journey. We're calling it Living Health."

David Holmberg. CEO Highmark Health

"Employers are looking for a cost-effective, high quality insurance plan providing access for their employees to coordinated advanced medical care. Cleveland Clinic is committed to improving the health and wellbeing of Aetna members, and we look forward to working together to deliver value-based health care to an expanded patient population."

Steven C. Glass, CFO Cleveland Clinic

Executive Interview Spotlight..

DRAMATIC CHANGES ARE HAPPENING IN COMPLEX CONDITION MANAGEMENT

Are You Ready?

An in interview with **Dr. Roger Shedlin**, MD, JD, CEO of Optum Medical Benefit Management (MBM)

Interviewed by
SUSHEEL LADWA
Editor – DistilINFO Publication
www.distilnfo.com

Editor's Pick & Observations..

Expect Correction

The current jump in insurance profits is just a reflection of postponed elective surgeries. The gains will soon seek correction in near [post COVID] future.

Uncertainty of Elections

Watch out for the government reaction to the current news. Compounded by the election effect, there will be more smoke in the air. The reactions would be materialized in early 2021 after profit corrections.

Cost Optimization

There is a joint call from the CMS and local insurance authorities to halt the rapid rise in insurance premiums. Health plans must account for post pandemic losses before committing to premium cuts.

Read the NY Times article here

PS: All credits to NY Times for the article

Trending Keywords in Health Plan News

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Promote your brand to 100,000+ Health Plan focused decision makers..

Typical Results ..

Visibility	In a Week..	In a Month..
CxO Level	~75+	~150+
VP Level	~200+	~300+
Director Level	~400+	~600+
Others	~500+	~800+
Marketing Qualified Leads		
MQL's	~20 to ~50	~50+

Ad Options		Impact
Banner Ad	✓	Visibility
eBlast	✓	MQL
Static Banner	✓	Visibility
Interview Ad	✓	MQL
Content Ad	✓	Visibility
Google Ads	✓	MQL
Linkedin Ads	✓	Visibility

*MQL – Marketing Qualified Leads

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