MASSACHUSETTS
HEALTH POLICY COMMISSION

2021 Pre-Filed Testimony

PAYERS

As part of the
Annual Health Care Cost Trends Hearing

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2021 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Friday, November 5, 2021**, please electronically submit testimony to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2019, if applicable. If a question is not applicable to your organization, please indicate that in your response.

The testimony must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

You are receiving questions from both the HPC and the Attorney General's Office (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the information below.

HPC Contact Information

For any inquiries regarding HPC questions, please contact:
General Counsel Lois Johnson at HPC-Testimony@mass.gov or lois.johnson@mass.gov.

AGO Contact Information

For any inquiries regarding AGO questions, please contact:
Assistant Attorney General Sandra Wolitzky at sandra.wolitzky@mass.gov or (617) 963-2021.

HPC QUESTIONS

1. UNDERSTANDING THE IMPACT OF COVID-19:

Please briefly describe how you believe COVID-19 has impacted each of the following:

a. Your organization and its employees:

Cigna sees it as imperative to our business to build our employees' well-being into our environmental, social and governance framework. At the onset of the pandemic, Cigna employees quickly adapted their traditional roles and took on more responsibilities in an evolving landscape including support for customers, clients and providers facing challenges with the COVID-19 pandemic.

b. Your members, including but not limited to the direct health effects of COVID-19 as well as indirect health effects, such as the effects of deferred or cancelled care, exacerbation of behavioral health and substance use conditions, and effects from economic disruption and social distancing (e.g., evictions, food security):

During the COVID-19 pandemic, Cigna has seen a significant increase in utilization of virtual care, especially to provide behavioral health services. Even so, in March through May 2020, Cigna saw a decrease in primary care and specialty care visits, preventative care, and outpatient surgeries, which started to normalize by the summer of 2020. This trend has continued into 2021. In addition, there have been further challenges with social determinants of health, especially for ethnic populations.

c. The health care system as a whole, including but not limited to how you think the health care system will change going forward, and any policies or innovations undertaken during the pandemic that your organization believes should continue (e.g., telehealth, licensure and scope of practice changes):

Cigna's Dr. Steven Miller and Dr. William Shank (of Humana) noted in the New England Journal of Medicine Catalyst that the COVID-19 pandemic has highlighted challenges with our nation's public health system and has encouraged a new level of public-private collaboration that has been critical to many of the key pandemic success stories of the past year. In the United States, lab companies and pharmaceutical manufacturers have worked closely with health systems and retail pharmacies — in collaboration with the federal and state governments — to develop and distribute key supplies, rapidly and at scale. The integration of payers also has been important, but less noticeable. One reason is that that this cooperation has gone well. Cigna has focused on the elimination of financial barriers for COVID-19 testing, treatment, and prevention, which has simplified access to medical care. Efforts to address the rise in health-related social needs of our customers have been widespread, and similarly, Cigna has reinforced care delivery virtually. This work around health disparities, social determinants of health and virtual care are expected to continue into the future. In addition, the cooperation

around vaccine distribution goes further, with a key goal to rapidly address an unprecedented health crisis while doing so equitably. The COVID-19 crisis has taken an alarming and unacceptably disparate toll on communities of color. Compared to white Americans, Black, Indigenous and Hispanic Americans are far more likely to contract and die from the disease. Without dedicated ongoing attention; however, the risk is that the same forces that have resulted in disparities in COVID-19 morbidity and mortality — systemic racism, unequal treatment, mistrust, and structural inequality — will continue to drive more general health inequalities. Cigna recognizes an opportunity and obligation to show that we can cooperate with each other and the federal and state governments to advance racial and social equity.

2. EFFORTS TO COLLECT DATA TO ADVANCE HEALTH EQUITY:

a. Comprehensive data capturing race, ethnicity, language, disability status, and sexual orientation/gender identity is foundational to advancing health equity in the Commonwealth. Please describe your current efforts to collect these data on your members. Please also describe specific barriers your organization faces in collecting such data and what policy changes or support has your organization identified as necessary to overcome such barriers.

Cigna has had a longstanding focus on collecting data around race, ethnicity, language, disability status, sexual orientation/gender identity, health disparities and social determinants of health so that we can more fully address the needs of our customers. However, this data is not consistently being submitted by a subset of our customers. Even with this challenge, Cigna is using the cultural diversity and social determinants of health data that we receive to work with our provider partners to not only help identify our diverse customer population but also to provide cultural competency training and implement processes to address social determinants of health. Please also see attached document Social Determinants Index, White Paper.

3. INFORMATION TO UNDERSTAND MEDICAL EXPENDITURE TRENDS:

a. Please submit a summary table showing actual observed allowed medical expenditure trends in Massachusetts for calendar years 2017 to 2020 according to the format and parameters provided and attached as **HPC Payer Exhibit 1** with all applicable fields completed. Please explain for each year 2017 to 2020, the portion of actual observed allowed claims trends that is due to (a) changing demographics of your population; (b) benefit buy down; (c) and/or change in health status/risk scores of your population. Please note where any such trends would be reflected (e.g., unit cost, utilization provider mix, service mix trend). To the extent that you have observed worsening health status or increased risk scores for your population, please describe the factors you understand to be driving those trends.

Please see attached Exhibit 1 spreadsheet, included in e-mail.

b. Reflecting on current medical expenditure trends your organization is observing in 2021 to date, which trend or contributing factor is most concerning or challenging?

The impact of the COVID-19 pandemic presents the greatest level of uncertainty to prospective medical trend, including changes in COVID-19 infections, emergence of variants, direct COVID testing and treatment costs, vaccination costs, and the pandemic's impact on non-COVID utilization and care patterns.

AGO QUESTION

Chapter 224 of the Acts of 2012 requires payers to provide members with requested estimated or maximum allowed amount or charge price for proposed admissions, procedures, and services through a readily available "price transparency tool." In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2019-2021			
Year		Aggregate Number of Inquiries via Website	Aggregate Number of Inquiries via Telephone or In- Person
CY2019	**Q1**	2,707,197	7412
	Q2	2,092,311	4271
	Q3	4,816,019	3415
	Q4	3,737,432	2572
CY2020	**Q1**	3,973,272	5206
	Q2	3,729,985	2888
	Q3	4,816,019	2816
	Q4	3,737,432	2453
CY2021	**Q1**	3,416,850	3401
	Q2	2,455,381	1580
	TOTAL:	35,667,280	36,962