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

Health Plan Weekly

Dec. 10, 2018
VOLUME 28 | NUMBER 49

Senior Reporters
Judy Packer-Tursman
jptursman@aishealth.com
Leslie Small
lsmall@aishealth.com
Executive Editor
Jill Brown

Amid 'Sky High' Interest, Association Plans Tackle State Barriers

Six months after the Trump administration issued final regulations to expand association health plans as an alternative to coverage through Affordable Care Act (ACA) exchanges *(HPW 6/25/18, p. 1)*, AHP sponsorship is slowly moving forward. Such plans are being embraced in states including Nebraska and Nevada, the latter gaining national attention as a hotbed of AHP activity among local chambers of commerce. Moreover, a national AHP coalition, launched in August, has grown to a diverse array of 22 members of large and small trade associations, including the American Farm Bureau Federation and National Restaurant Association.

Critics view the new rule as another effort to undermine the ACA with cheaper, skimpy health insurance, since it has more lenient standards than older regulations on how to form AHPs, a type of Multiple Employer Welfare Arrangement (MEWA) sponsored by an employer-based association.

Yet proponents see the AHP regulations as another way to broaden affordable coverage options for small businesses — also adding, under the new framework, sole proprietors.

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New Waiver Concepts May Prove Problematic for Some Insurers

In keeping with its mission of loosening the Affordable Care Act's rules for the individual insurance market, the Trump administration on Nov. 29 offered up four examples of how officials can use Section 1332 of the ACA to accomplish that goal — at least at the state level.

If a significant number of states end up embracing the more transformative concepts — like changing how subsidies work — that might make it more challenging for health insurers that sell plans in multiple states' ACA exchanges, experts tell AIS Health. However, some are skeptical that state uptake will be very high in the first place, so insurers may not have to worry too much.

The four "State Empowerment and Relief Waiver Concepts," as CMS calls them, are:

✦ ***Account-based subsidies***, in which a state directs public subsidies into an account that individuals can use to pay for health insurance premiums or other health care expenses;

✦ ***State-specific premium assistance***, under which states can create a new, state-administered subsidy program;

✦ ***Adjusted plan options***, which would allow states to provide financial assistance for non-ACA-compliant plans; and

✦ ***Risk-stabilization strategies,*** which gives states more flexibility to implement reinsurance programs or high-risk pools.

Published by AIS Health, Washington, DC. An independent publication not affiliated with insurers, vendors, manufacturers or associations.

The waiver concepts build upon guidance that the administration issued in October, which replaced 2015 guidance on Section 1332 waivers with the goal of introducing more state flexibility *(HPW 10/29/18, p. 1)*.

"Maybe the flexibility encourages more states, but setting up a waiver is a complex idea…so unless a state really thinks that their market isn't functioning well, or that a waiver could bring a lot of efficiencies to the market, we don't expect states to rush in to implement these waivers," Standard & Poor's analyst Deep Banerjee tells AIS Health.

"It also will be interesting to see who is the first guinea pig here," Banerjee says, adding that he expects many states to wait and watch what happens with any early adopters of the waiver concepts.

In Justin Giovannelli's view, such states will likely face steep barriers.

For one, "I think it's safe to say that any state that really pushes the envelope on this stuff is going to face litigation," says Giovannelli, an associate research professor and project director at the Center on Health Insurance Reforms at Georgetown University's Health Policy Institute.

In addition, the Trump administration's own discussion paper about the four waiver concepts demonstrates that "there are a ton of operational and policy questions that states are going to have to grapple with" if they want to use the new flexibilities, he adds.

"It's not clear how a state could actually do some of those things that the administration suggests it could, answer all of those many questions and actually do it within the bounds of federal law," Giovannelli says.

In order to gain federal approval for a 1332 waiver, a state must show that its proposal will result in coverage that's at least as comprehensive and at least as affordable as what's offered under the current ACA rules, and that it will cover at least as many people. Further, its program can't increase the federal deficit.

As an example of how difficult that is to achieve, Giovannelli points to Iowa's failed attempts to win approval for a "stopgap" waiver that would have replaced the ACA's premium tax credits with a new state-administered tax credit. "In theory, that is something that the law does permit — those are waivable provisions — but that requires a whole lot of thinking to ensure that folks are held harmless," he says. In Iowa's case, the state's plan would have "made coverage somewhat more affordable for people earning six figures and would have made coverage much less affordable for people who were near the poverty line," he adds.

Ultimately, Iowa withdrew its waiver application in 2017.

Which Idea Is the Most Feasible?

In a Dec. 4 email to clients, Christopher Condeluci, principal of CC Law & Policy, said he believes it is indeed possible for states to adopt an "alternative" premium subsidy structure that, for example, gives consumers earning more than 400% of the federal poverty level a subsidy for the first time.

In order to avoid violating the ACA's affordability or budget-neutrality guardrails for 1332 waivers, states could set up a savings-producing reinsurance program and use that "pass-through funding" to ensure the subsidies going to higher-income consumers don't lessen the financial assistance going to lower-income people, he explained.

Similarly, a state could use this strategy to "plus-up the premium subsidy amount for younger individuals, while holding older individuals harmless," he wrote.

According to CMS Administrator Seema Verma, the waiver concept with "the best potential to address various structural problems with the ACA" is the administration's account-based subsidies idea. During a Nov. 29 speech at the American Legislative Exchange

Health Plan Weekly (ISSN: 2576-4365) is published 52 times a year by AIS Health, 2101 L Street, NW, Suite 400, Washington, D.C. 20037, 800-521-4323, www.AISHealth.com.

Council Policy Summit, Verma pointed out that such a strategy is similar to what she helped Indiana implement in her consulting days — a system in which a state provides a cash contribution to an account that people then use to pay both premiums and any out-of-pocket health expenses.

But Condeluci tells AIS Health in an interview that he sees such a concept as the least likely to be embraced by states, as they "aren't really interested in managing an account."

"You can outsource it, obviously, but what cost does that come with?" he adds. "It just seems to me that you're creating a whole new structure under that model, whereas under the other models you're modifying existing structures."

In the event that a meaningful number of states do actually implement waivers overhauling their individual markets, it will create even more

Despite Threatening to Halt Integration, Judge Is Likely to Sign Off on CVS/Aetna Deal

According to CVS Health Corp., its acquisition of Aetna Inc. closed on Nov. 28 after receiving the last required approval from a state regulator. But a federal judge appears to have other ideas.

In a hearing on Dec. 3, Judge Richard Leon of the U.S. District Court for the District of Columbia said he might halt CVS and Aetna's integration efforts while he reviews the $69 billion deal, according to *The Wall Street Journal*.

Though the Department of Justice approved the transaction in October — contingent upon Aetna selling off its stand-alone Medicare Part D assets — Leon has the authority to review that settlement, through a statute known as the Tunney Act, to ensure that the proposed remedy for any antitrust issue is in the public interest.

But Leon said during the Dec. 3 hearing that he's worried the DOJ's settlement "raises anticompetitive concerns about one-tenth of 1% of this $69 billion deal," the *Journal* reported.

Thus, he ordered the parties involved in the case to "show cause why I should not order CVS to hold its acquired Aetna business as a separate entity and to insulate the management of the CVS business from the management of the Aetna business, and vice versa, until I have made my determination as to whether to enter final judgment in this case," according to court documents. Written arguments are due by Dec. 14, and Leon plans to hold a hearing on Dec. 18.

So can a federal judge actually halt an acquisition that the DOJ has already approved?

"I don't believe the Tunney Act extends that far," antitrust attorney James Burns of Akerman LLP tells AIS Health via email. "The reason why I say that is because, under the Tunney Act, the issue before him is the sufficiency of the remedy that the parties have agreed to, and whether it serves the public interest, not whether the merger itself should be enjoined."

Thus, Burns says he's confident that Leon will ultimately approve the CVS/Aetna transaction, as he's not aware of any case where a federal judge, in the end, rejected a merger settlement that the DOJ proposed. What is more likely to occur is that Leon may say, "DOJ, I'd like some more information on why you think this relief is adequate to serve the public interest," he says.

"And here, it would seem to be the case that the DOJ has an A+ answer to that question," Burns continues. "The only competitive harm that the DOJ alleged in their complaint was in the Medicare Part D market, and they're requiring a divestiture of that business. That should alleviate any possible concerns Judge Leon may have with respect to that market."

In fact, WellCare Health Plans, Inc. said on Dec. 4 that it officially closed its acquisition of Aetna's stand-alone Medicare Part D plans.

In a court document filed Dec. 2, the DOJ argued that "requiring CVS to hold the Aetna assets separate would also delay any efficiencies that the merger might produce and, under the circumstances of this case, create unnecessary uncertainty for consumers, employees, and shareholders."

A CVS spokesman told AIS Health in a statement that "CVS Health and Aetna are one company, and our focus is on transforming the consumer health experience."

Read the *Wall Street Journal* article at https://on.wsj.com/2EcH4uz and contact Burns at james.burns@akerman.com.

by Leslie Small

variation among those markets than is seen today, Banerjee says.

"What that means is for an insurance company that's participating in multiple states, they have to be able to adapt to different guidelines in each of the states, which we think gives a little bit of an edge to local-market insurers compared to national insurers," he says.

However, that's not the whole story. If a state opts to allow residents to use federal subsidies for non-ACA-compliant products like short-term plans, that would benefit insurers already adept at selling those policies, according to Banerjee. UnitedHealth Group, for example, held a leading 28% share in that market in 2017 *(HPW 8/6/18, p. 1)*.

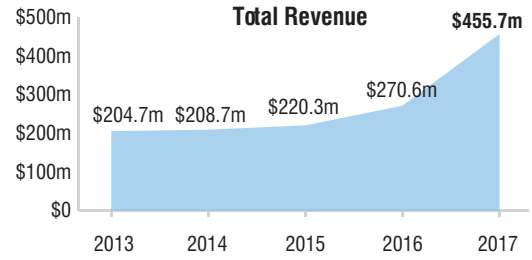
In the ACA-compliant market, carriers like Centene Corp. wouldn't necessarily be negatively affected under that scenario, Banerjee points out.

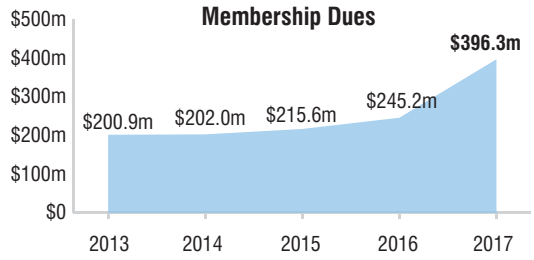
That's because many of their customers are on the lower end of the income spectrum and getting generous government subsidies — and thus have little motivation to switch to less-comprehensive forms of coverage. Insurers that cover a more diverse range of incomes, though, might see some members move to skimpier plans, he says.

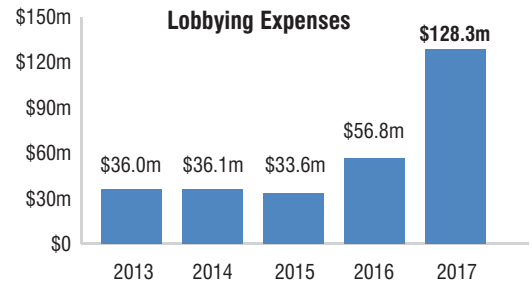
PhRMA Bolstered Lobbying and Advertising Spend in Trump Administration's First Year

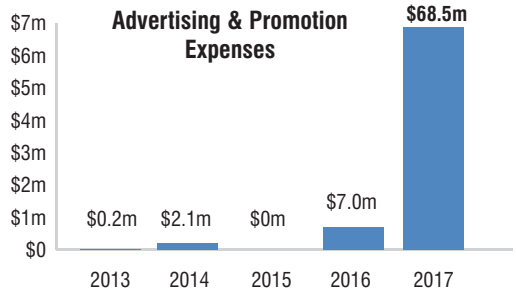
by Jinghong Chen

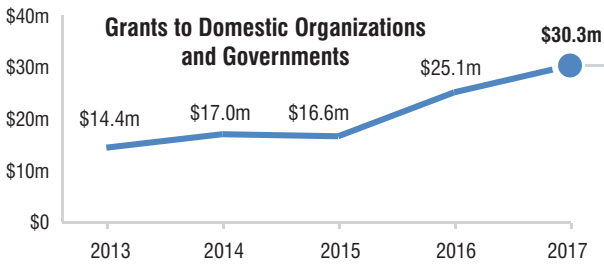
The Pharmaceutical Research and Manufacturers of America (PhRMA) trade group heavily increased its lobbying and promotion spend during President Trump's first year, according to federal tax filings. PhRMA's total revenue in 2017 rose to $455.7 million, a 68% increase from 2016. The group's membership dues went up 62% year over year. Amid the administration's move to reduce drug prices, PhRMA bolstered its lobbying spend to $128.3 million and multipled its advertising budget by almost 10 times. Meanwhile, millions in grants were sent to patient advocacy groups, with the Addiction Policy Forum alone receiving more than $3 million.











Organizations and Governments Receiving More Than $1m in Grants in 2017

Addiction Policy Forum	$3.9m	American Action Network Inc	$1.5m
America First Policies Inc	$2.5m	Center Forward	$1.2m
Addiction Policy Leadership Action	$2.2m	National Republican Redistricting Trust	$1.0m
Healthcare Leadership Council	$1.7m		

SOURCE: Department of the Treasury Internal Revenue Service.

For his part, Condeluci acknowledges that having a patchwork of regulations across the country might add administrative burden on insurers. "But I would argue carriers can do it, and I would argue that modifying the subsidy structure — provided you can keep the current premium subsidy amounts for lower income and older individuals the same — would improve the market, and that would attract carriers," he says.

But Giovannelli does not agree.

"I'm not sure that I see particular advantage to most insurers in some of these plans, because in keeping with other proposals that the administration is pushing, a big thrust of this is to encourage enrollment in coverage that stands outside the risk pool," he says.

He agrees it could be good news for insurers that opt to sell non-ACA-compliant plans. "But for traditional insurance, this could lead to more market segmentation and more instability in the individual market."

View the discussion paper at https://go.cms.gov/2KNc2K6. Contact Giovannelli at Justin.Giovannelli@georgetown.edu, Condeluci at chris@cclawandpolicy.com and Banerjee via Jeff Sexton at jeff.sexton@spglobal.com. ✧

by Leslie Small

Minn. Co-op Farmers Drive MEWA, May Get More Options

In Minnesota, open enrollment for 40 Square Cooperative Solutions' health insurance plan ends Dec. 19. Executive Director Char Vrieze concedes the plan only recently began seeing a surge of interest among its eligible co-op members.

Though interest in association health plans has been rising nationwide (see story, p. 1), 40 Square's cooperative plan also didn't see a lot of activity a year ago — not until after the harvest, which was delayed by wet weather, "and this year was even wetter." Yet 40 Square nearly doubled its enrollment goal of 500 in 2018, the plan's first year of operation.

Minnesota's agricultural community stressed its need for affordable health care years ago, Vrieze says, and subsequently the U.S. Department of Agriculture (USDA) provided funds to begin an agricultural health-care cooperative. The Minnesota co-op, for farmer and agri-business members, applied to become a Multiple Employer Welfare Arrangement (MEWA) with state regulators in 2010, an entity not previously approved in Minnesota. The effort, dormant for years, was revived in 2016, when insurer exits and enrollment caps left seven rural counties without coverage. Subsequently, state law allowed creation of an agricultural health-care cooperative.

"So, we're a stand-alone, independent cooperative," Vrieze says. "We sponsor our own self-funded health plan." She says 40 Square has only ACA-compliant, major medical plans.

Most Insurers' Share Prices Gained in November

	Closing Stock Price on 11/30/2018	November Gain (Loss)	Full-Year Gain (Loss)	Consensus 2018 EPS*
Cigna Corp.	$223.38	3.3%	10.3%	$14.32
UnitedHealth Group	$281.36	7.8%	27.2%	$12.78
Anthem, Inc.	$290.07	9.1%	28.3%	$15.72
Commercial Mean		**6.7%**	**21.9%**	
Humana Inc.	$329.47	2.7%	30.9%	$14.42
Medicare Mean		**2.7%**	**30.9%**	
Centene Corp.	$142.25	8.5%	38.7%	$7.04
Molina Healthcare, Inc.	$139.71	12.0%	79.1%	$9.18
WellCare Health Plans, Inc.	$254.88	(4.8%)	25.8%	$11.00
Medicaid Mean		**5.2%**	**47.9%**	
Industry Mean		5.5%	34.3%	

*Estimates are based on analysts' consensus estimates for full-year 2018.
SOURCE: Bank of America Merrill Lynch.

40 Square has adequately reinsured the plan, she says, and its first year "has gone very well." The plan reinsures for up to $75,000 in claims per individual. If expenses go higher, the stop-loss carrier will pay the difference, which is redeposited into the premium trust. The stop-loss carrier also adds up individual claims, paying on the group level.

In a separate trust, "we have $1.4 million in reserves from the USDA grant," Vrieze says. The amount is "not much," she says, but it made us more attractive to reinsurers." She adds that while 40 Square doesn't deny anyone coverage, the plan does a health-risk survey of new enrollees. Premiums are based on age, location and plan selection. "We don't have a family plan or a group plan or a 'single-plus' because the MEWA's purpose is to bring everyone together," she says, "but we underwrite on an individual basis."

Premiums to Rise by Less Than 10%

Premiums will rise by less than 10% across all plans, year over year, "due to medical trend and experience," she says. 40 Square hopes for a boost but is being realistic about 2019 enrollment. "Factors are working against us, including a depressed agricultural economy, so farmers may take the chance of not being insured."

Vrieze says 40 Square's board hasn't discussed short-term plans, though she "wouldn't rule that out." Members wanted and got a higher-deductible plan option for 2019, "but we want to make sure we're offering quality, full-coverage plans" to farmers facing hazardous work. Members also have asked the board to look into Medicare supplemental plans.

Reach Vrieze at cvrieze@40square.coop. ✧

by Judy Packer-Tursman

AHPs Encounter Obstacles

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Taking the latter view, attorney Christopher Condeluci, principal of CC Law & Policy in Washington, D.C., and a former Republican staffer for the Senate Finance Committee during the ACA's drafting, is running the Coalition to Protect and Promote Association Health Plans. He also is serving as legal counsel to multiple clients on AHP efforts, including Land O'Lakes, Inc. and some "national trade organizations that want to offer coverage through AHPs in multiple states." He describes interest in AHPs as "sky high," though he concedes "take-up has been relatively modest." He ascribes this partly to some states, given flexibility under the federal regulations, prohibiting carriers from underwriting fully insured large group plans.

Roughly Eight States Are 'Anti-AHP'

Nationwide, Condeluci estimates there are eight or so "anti-AHP" states, including Connecticut, Massachusetts, New York, Oregon and Pennsylvania. But he asserts that, based on states' own public pronouncements, "the friendly AHP states outnumber the 'anti.'"

Under the new regulations, national trade associations and franchisee-based corporations may offer small employer and/or independent contractor members the same type of health coverage that major employers offer to their employees, Condeluci explains. This coverage through an AHP could be offered nationally. The final Dept. of Labor rule also allows local chambers of commerce and similar associations with members in diverse industries to offer "large group" AHP coverage to their members located in the same state or metropolitan area.

Taking the new regulations to heart, some AHPs are extending their reach. Land O'Lakes, Inc. said Nov. 1 that its expansion from Minnesota into Nebraska for 2019 will make it the nation's first self-insured, multi-state AHP formed under the new federal rules. Called the Land O'Lakes Cooperative Farmer Member Health Plan, it now covers about 750 people in 12 Minnesota-based Land O'Lakes co-ops. It is expanding to offer eight plan designs to nearly 15,000 additional eligible farmers in Minnesota for next year, along with 28,000 farmers in Nebraska who are members of its cooperatives opting in to the coverage. "We hope to work closely with other state regulators as we look to expand," Pamela Grove, Land O'Lakes' senior director of benefits, said in the announcement.

Land O'Lakes Sets Sights on Expansion

"We're looking at other states, and we're assessing what we need to do to get approval," Condeluci tells AIS Health. He calls it premature to say more, except that the company is considering "multiple states with a concentration of Land O'Lakes members."

But some states, stung previously by AHP fraud and insolvency and given broad regulatory authority by the new rule, are clamping down in their efforts to protect consumers and markets.

Thus, Land O'Lakes' "ability to move further will depend on how states regulate. Nebraska may embrace the federal approach, but other states may take a more cautious approach," says Kevin Lucia, a research professor at Georgetown University Health Policy Institute's Center on Health Insurance Reforms. "In Connecticut, Maryland or New York, they have to follow small-group market rules."

Lucia is the lead author in an ongoing analysis of the regulatory

framework for AHPs on a state-by-state basis, which published its first findings on 14 states in The Commonwealth Fund's blog on Nov. 27. Two states — California and Washington — prohibit new self-funded AHPs, while another seven states, including Indiana and Michigan, require associations to satisfy additional standards before they may market coverage through AHPs.

Despite stricter state regulations, the Small Business Association of Michigan and MichBusiness have announced their joint formation of TranscendAHP, a "federally enabled" AHP. The business groups are working with Blue Cross Blue Shield of Michigan and Blue Care Network to offer about 10 different large group plans to participating members *(HPW 10/15/18, p. 8)*.

In addition to Land O'Lakes, another Minnesota cooperative entity is mulling whether to extend its geographic footprint: 40 Square Cooperative Solutions, a MEWA formed prior to the new AHP rules (see story, p. 5). "With the AHP rules, we could expand to other states as being grandfathered," says Executive Director Char Vrieze. She tells AIS Health that 40 Square is "looking at multiple states for expansion" for 2020 and beyond — and could potentially decide to "reconfigure" itself as a new AHP.

Do AHPs Offer Comprehensive Coverage?

Condeluci dismisses critics' concerns that consumers could end up with skimpy coverage through AHPs, which are exempt from many ACA rules even though they cannot discriminate based on health status.

"The facts on the ground are indicating association health plans are offering comprehensive coverage, and in many cases those plans are more affordable," he says.

Condeluci explains the ACA has coverage requirements for group plans, including no exclusion for individuals with pre-existing conditions and free preventive services. The statute also has consumer protection rules, requiring 10 essential health benefits, a single risk pool, actuarial value and risk adjustment, which apply only to individual and small-group plans, not to large-group or self-funded plans. Yet major employers such as Walmart, Inc. and IBM Corp., which aren't subject to these consumer protections, voluntarily offer comprehensive benefits — as do the AHPs he is involved in.

AHPs Are 'Membership-Driven'

"We are not like short-term limited duration plans [also promoted by the Trump administration], because we must comply with coverage requirements, and are voluntarily providing essential health benefits," he says. "And the reason is, these organizations are membership driven. They're not able to offer skimpy coverage or skinny plans to their members. If they did, their members would leave, and they wouldn't attract new members."

"In theory, if there were an individual market where the premiums were more competitive than the AHP, then there would be no AHP," Condeluci adds. "If coverage is more affordable and just as comprehensive, then people will go with that." For this reason, he asserts that everyone will be attracted to AHPs to the same extent, and the market segmentation feared by critics — in which only healthy individuals shift to AHPs and sicker people stay on exchanges — won't occur, especially among subsidized exchange plan enrollees.

"That doesn't surprise me, that associations are offering benefits consistent with the small-group market," Georgetown's Lucia says. "It's how they rate their members." Under the ACA, there is no underwriting in the small-group market, he explains. So, for associations to offer attractive premiums, one lever is on the design of the policy, including underwriting, he says.

Plans Offer Various Benefit Designs

While AHPs cannot underwrite based on the individual member's health status to determine monthly premiums, MEWAs such as 40 Square, as an older plan, may continue the practice — and it does so. Land O'Lakes, as a new AHP, rates only on the basis of age and geography.

Both 40 Square and Land O'Lakes launched MEWAs under a 2017 Minnesota statute allowing a Minnesota-only insurance option for self-employed farmers if it complies with ACA and ERISA requirements. Subsequently, AHP rules came along, saying self-employed farmers can participate in a self-insured health plan; and Land O'Lakes decided to take advantage of it since it is composed of cooperatives owned by farmers and thus meets the definition of a multi-employer group able to sponsor an AHP. The federal rule also allows it to expand beyond Minnesota into multiple states as an ERISA-covered, self-insured MEWA for self-employed farmers in its numerous geographically scattered cooperatives.

Condeluci notes that AHPs must meet out-of-pocket maximum limitations set by the ACA. Land O'Lakes will offer eight different plan designs for 2019, ranging from two high-deductible "bronze" plans (one at $4,500 single/$9,000 family and the other at $6,500 single/$13,000 family) to a platinum plan with a much lower deductible ($500 single/$1,000 family).

Actuaries are looking at utilization patterns among Land O'Lakes plan

members in Minnesota and developing 2019 premiums, Condeluci says. He says it's his understanding that, given the Minnesota experience, there won't be a significant premium change from 2018 to 2019.

The national AHP coalition aims to provide uniformity in the law and encourage states to permit the flexibility provided in the federal rule that allows an association to sponsor a fully insured large group plan, Condeluci says. Toward that end, he says the coalition intends to file an amicus brief on behalf of the Dept. of Labor, the defendant in an ongoing lawsuit brought by a dozen state attorneys general who argue that broad availability of AHPs would violate the ACA's consumer protections. He says the coalition, trying to "play offense and defense on AHPs," also intends to:

✦ ***Engage federal policymakers and Congress*** to codify the regulations into statutory law so future administrations cannot roll them back;

✦ ***Work with House Democrats*** who, being about to take control the chamber in January 2019 and adverse to AHPs, likely will scrutinize what the Dept. of Labor has and has not done. "They just filed an amicus brief in the challenge" to the federal rule, he notes.

✦ ***Work with the Dept. of Labor*** to issue sub-regulatory guidance to clarify the rules on AHPs; and

✦ ***Engage state departments of insurance and state legislators*** in the hope of passing state laws favorable to the new federal regulations on AHPs, while allowing state flexibility.

For more information, see the blog post on states' regulatory approaches to AHPs at https://bit.ly/2RCHoWl. Contact Condeluci at chris@cclawandpolicy.com and Lucia at kwl@georgetown.edu ✧

by Judy Packer-Tursman

News Briefs

✦ ***Aetna and Ascension, the world's largest Catholic health system, said Dec. 3 they have joined an initiative applying blockchain technology to improve data quality and reduce administrative costs associated with changes to health care provider demographic data.*** The Synaptic Health Alliance's pilot project launched in April with Humana, MultiPlan, Optum, Quest Diagnostics and UnitedHealthcare. The group said Aetna, with 2 million medical benefits members, "is uniquely positioned to share and contribute to innovative solutions" in collaboration with the alliance. Read more at https://bit.ly/2SzVs3a.

✦ ***On Dec. 4, Tenet Healthcare Corp. completed the sale of its Medicare Advantage HMO, Golden State Medicare Health Plan, to MacArthur Court Acquisition Corp.,*** a holding company affiliated with the management of value-based care delivery company Connected Care Group. The Golden State Medicare Health Plan currently serves 9,800 members across six counties in California. Read more at https://bit.ly/2AQaBpE.

✦ ***CMS on Nov. 30 approved New Hampshire's application for a section 1115 waiver that includes a work requirement for non-exempt Medicaid expansion beneficiaries.*** Those subject to the new requirement must complete 100 hours of "community engagement activities" — such as employment or job training — per month to keep their Medicaid coverage. Separately, Virginia recently submitted its proposal to CMS seeking to add work requirements to its newly expanded Medicaid program, the Associated Press reported. See https://bit.ly/2FSJ9NU and https://bit.ly/2KHhqhR.

✦ ***In its third round of reviewing Medicare Advantage organizations' online provider directories, CMS found that 48.74% of the provider directory locations listed at the 52 MAOs it examined had at least one inaccuracy.*** Inaccuracies included incorrect phone numbers, providers not at the location listed and providers not accepting new patients when the directory indicated otherwise. CMS said that in response to its findings, it "issued compliance actions intended to drive industry improvement in the accuracy of provider directories for MA beneficiaries." Read more at https://go.cms.gov/2StPAIu.

✦ ***Citing a growing epidemic of social isolation, Cigna Corp. said Dec. 5 it is furthering its commitment to address the impact of loneliness on Americans' health and well-being by launching an abbreviated version of the UCLA Loneliness Index on its website free of charge to the general adult public.*** The insurer said it will provide tailored tips and suggestions on how to help increase social connections based on each participant's online responses. Go to https://bit.ly/2rqwQ1c.