

August 26, 2020

To Our Valued Clients and Partners,

We transitioned this month from providing a stand-alone COVID-19 update email distribution to providing our COVID-19 update as part of our broader monthly newsletter content and distribution. We are sharing here an expanded version of the COVID-19 update section of our new monthly newsletter. If you did not receive the newsletter, please reach out to your Account Manager so that we can add you to our distribution list.

In the last month, the number of confirmed cases in the United States has jumped nearly 35% from just over 4 million to just over 5.7 million cases. This latest spike comes as millions of students are starting a new school year in a much different physical environment than they knew a year ago. Parents and employers are steeling themselves for another go at remote learning, remote working, and flexible schedules to accommodate the new normal.

During this latest spike, many states have adopted the World Health Organization's recommended 5% or lower threshold for their 14-day COVID-19 positivity testing rate target metric. This metric is [tracked daily](#) by Johns Hopkins University for every state. As of this writing, only 20 states make the cut. Currently, the only states in the Western US that are under the 5% threshold are Alaska, Colorado, and New Mexico. All other Western US states are considered 'hot spots'. What you may not realize is that many of the Eastern US states are requiring negative COVID-19 PRC test results from a sample taken with 72 hours of arrival from travelers from 'hot spot' states.

Testing trends regionally

Testing at the local and national level continues to trend upward for the proportion of positive cases in younger age groups. Every state reports slightly different age brackets but the trends are consistent, the under 40 age groups now make up at least 52% of the confirmed COVID-19 cases. The bar charts below show the age distribution of COVID-19 confirmed cases and their outcomes in terms of hospitalizations and deaths for WA, OR, ID, and UT. While the younger population has a lower hospitalization and death rate compared to older populations, we still do not understand the long-term effects of contracting the virus.

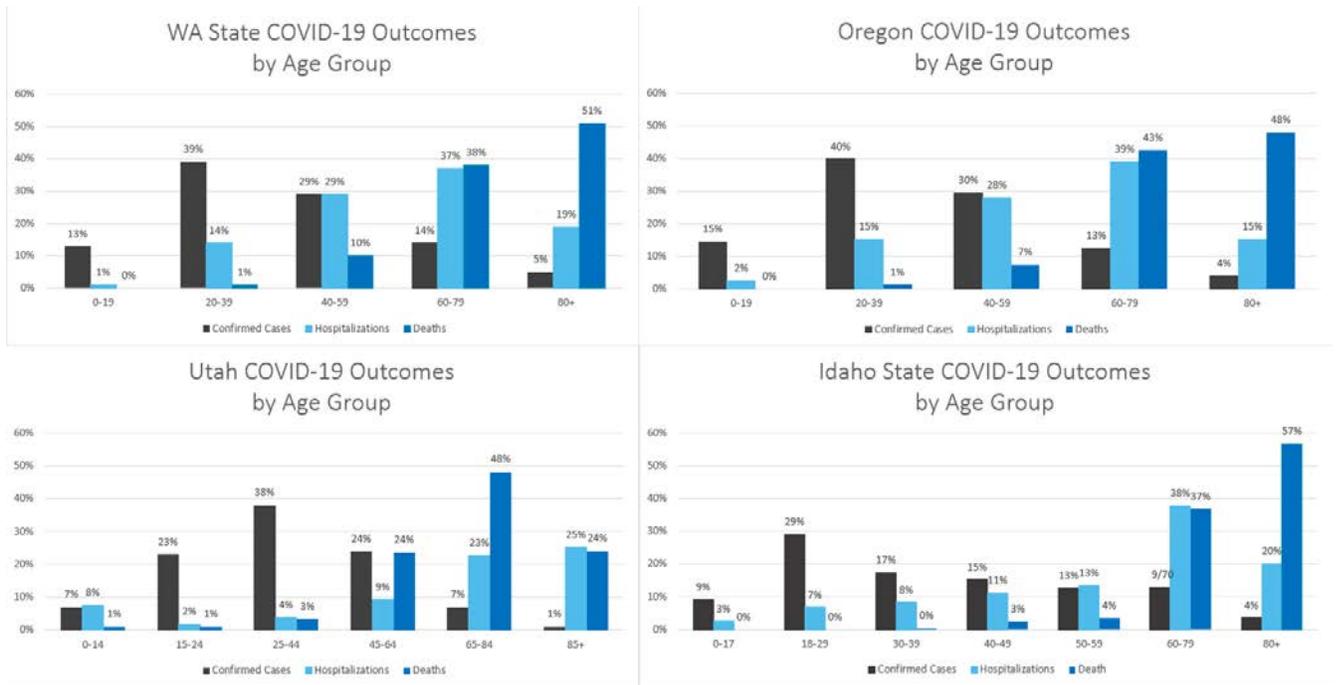
As reported in *The Washington Post* on August 18th, The World Health Organization warns that:

“young people are becoming the primary drivers of the spread of the novel coronavirus in many countries — a worrisome trend experts fear may grow in the United States as many colleges and schools begin to reopen...People in their 20s, 30s, and 40s are increasingly driving the spread,” said Takeshi Kasai, the WHO's Western Pacific regional director, “The epidemic is changing.”

Because symptoms are often milder in the young, Kasai noted, many are unaware they are infected. “This increases the risk of spillovers to the most vulnerable: the elderly, the sick, people in long-term care, people who live in densely populated urban areas and underserved rural areas,” Kasai said.

For colleges and universities, where students in their late teens and 20s live in tight quarters and mingle at off-campus gatherings, the problem has proved particularly vexing.

Colleges and universities across the US are standing up COVID-19 dashboards. Most East Coast colleges are back to campus this month. Their efficacy at controlling the spread of COVID-19 will serve as a leading indicator to inform re-opening decisions for Western US campuses still deciding how or when to re-open campuses this year.



Testing trends regionally and across our membership

88% of our clients have at least one member with a confirmed COVID-19 case. This is an increase from 73% for the same week last month. Because not all testing is submitted as a claim, there are likely more positive cases across a larger span of our clients that we see in our claims data. For example, COVID-19 return to work testing and asymptomatic testing for travel purposes, just like pre-employment drug testing, is not a covered benefit for our members so we do not receive claims or diagnosis codes for these types of tests.

Across our membership, approximately 16.5% of our members have had at least one COVID-19 testing claim, which is up from 10% for the same week last month.

Treatment claims cost trends across our membership

Approximately 3.3% of members tested have a positive COVID-19 diagnosis and just under 20% of members with a positive COVID-19 diagnosis have required hospitalization. Our largest COVID-19 treatment plan payment total to date (for a single member) is \$76K. Less than 4% of members' COVID-19 treatment plan payments (per member) have been over \$10K and 88% of members' COVID-19 treatment plan payments are under \$1K.

We've been posting periodic COVID-19 Client Impact reports to our analytics portal since May 1st. They are available now for clients, brokers, and consultants to pick up quarterly. Please contact your Account Manager if you'd like to have your report sent to you or if you have any questions about the information in your report. We hope you find these reports helpful and we welcome your feedback.

Our COVID-19 member updates page contains useful information and links to resources to address the most common member questions our Customer Care Advocates receive.

We're Here for You

Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely. Thank you for your continued trust in our organization. We are in this with you and hope that you and yours stay safe and healthy. Please reach out to your Account Manager if you have any questions or if there's anything we can do to help.

Best Regards,

Lindsay Harris

Interim President & Chief Growth Officer