

Employer Adoption of Private Exchanges Lower than Projected

In 2014, the *Patient Protection and Affordable Care Act* (ACA) established a *public exchange* for government-sponsored health insurance,¹ significantly altering the landscape of the health insurance market. In addition to this paradigm shift in government-sponsored healthcare insurance, private insurance providers are moving toward this exchange system, which provides a choice among many different health insurance plans. *Private exchanges* are similar to *public exchanges* in that they purport to offer low-cost plans to beneficiaries; however, *private exchanges* differ from *public exchanges* in that the insurance is offered by the employer to the employee.² Qualities that are common across private exchanges include: (1) employee choice; (2) employer subsidies; (3) ancillary products (e.g., dental and vision); (4) online enrollment; and, (5) administrative benefits.³ Approximately 8 million people are currently enrolled in a private exchange, which represents a growth of 35 percent from 2015.⁴ Although the prevalence of private exchanges is increasing, adoption rates for private exchanges have decelerated since 2013.⁵ This *Health Capital Topics* article will discuss the benefits and consequences of utilizing a private exchange and the state of private exchange adoption nationwide.

The development of private exchanges stems from the unsustainable design and delivery models of traditional employer-based health insurance plans with defined benefits.⁶ For instance, traditional plans will become more expensive as healthcare costs rise from a projected *national healthcare expenditures* (NHE) growth of 4.9 percent in 2016⁷ to an average of 5.9 percent annual growth in the period from 2016 to 2024.⁸ Second, given the expanding ubiquity of digital technology, employees expect the abundance of choices and digital accessibility to which they have become accustomed in everyday life – characteristics that are not common in traditional health insurance plans.⁹ Third, regulations continue to impose an administrative and financial burden on employers.¹⁰

Private exchanges are a potential remedy to this burden placed upon employers operating traditional healthcare insurance plans. For instance, private exchanges may reduce costs by enhancing the bargaining power that companies have over insurers. According to Towers Watson, one of the largest private exchange operators by total number of covered individuals,¹¹ companies participating in their exchange have managed to decelerate the overall growth in healthcare costs because

the exchange enhances a company's leverage to negotiate with insurers.¹² Another benefit of private exchanges is increased employee choice;¹³ given the option of various monthly costs and deductibles, employees may be willing to make individual tradeoffs between cost and provider access.¹⁴ Consequently, private exchanges may increase *adverse selection* because an individual who anticipates incurring high healthcare expenses may decide to purchase a plan with a high premium and a low deductible through the private exchange. Inversely, if an individual does not anticipate incurring healthcare expenses, he or she might opt for a plan with a low premium and a high deductible.¹⁵ In addition, private exchanges may remove some of the employer burden of operating employee health insurance plans by outsourcing many administrative tasks (e.g., decision-support tools and customer service) to the exchange providers.¹⁶ Finally, by increasing competition within the market through a variety of health insurance plans, private exchanges could potentially improve cost predictability and transparency.¹⁷

Given the possible benefits of private exchanges, industry analysts initially forecasted significant growth in the utilization of private exchanges;¹⁸ however, growth has been slower than expected.¹⁹ As mentioned earlier, although the number of people enrolled in a health insurance plan through a private exchange increased 35 percent from 2015,²⁰ the annual growth rate of private exchange adoption has slowed significantly since 2013.²¹ For example, approximately 35 percent of employers in 2014 evaluated private exchanges as a source for offering employee health insurance, but only 6.7 percent of employers reported engaging in the same process during 2016.²² Further, most of the growth in private exchanges is driven by midsize companies,²³ while adoption rates among employers with greater than 2,500 employees remains lethargic.²⁴ The low rate of healthcare inflation may contribute to slower adoption among large companies²⁵ because size affords these businesses leverage over health insurers to sustain benefit levels in the face of modest cost increases.²⁶ In contrast, small to mid-sized companies do not possess the leverage to avoid healthcare cost increases, creating incentive to utilize a private exchange to reduce costs.

Lack of information regarding the effectiveness and implementation process of private exchanges may also be contributing to the slowing adoption rates. First, the

impact of private exchanges on the total cost of healthcare remains unclear.²⁷ Private exchange operators can obfuscate healthcare cost and quality data, thereby complicating the evaluation process for employers seeking to adopt a private exchange.²⁸ Second, transitioning to a private exchange may require substantial employer resources that discourage adoption, such as the administrative burden of preparing for the transition – a process that could take up to 12 months.²⁹ Third, since private exchanges are relatively new and untested, employers are concerned about a potential loss of plan support and fewer benefits offered to their employees should they abandon traditional health insurance plans.³⁰ Lastly, the substantial overlap of health insurance providers within private exchange platforms could reduce overall competition in the market and

potentially limit the cost savings that render private exchanges as an attractive option.³¹

Despite an initial optimistic forecast for the future of private exchanges, adoption rates have decelerated in recent years. Although private exchanges have the potential to offer benefits, such as increased competition and lower health insurance costs, the ability of private exchanges to actualize these benefits remains unclear. Therefore, a lack of information regarding the effectiveness of private exchanges may deter employers from offering insurance through a private exchange platform. Moving forward, attention should be paid to the impact of private exchanges on healthcare costs as the market continues to evolve.

- 1 “Patient Protection and Affordable Care Act” Pub. L. 111-148, 124 Stat. 399 (March 23, 2010).
- 2 “Private Exchanges: The Future for Large Plan Sponsors or a Passing Fad?” By Troy Filipek, FSA, MAAA, et al., Milliman, February 12, 2014, <http://www.milliman.com/insight/Periodicals/bp/Benefits-Perspectives-Private-exchanges-The-future-for-large-plan-sponsors-or-a-passing-fad/> (Accessed 9/29/16).
- 3 “A Practical Guide to Private Exchanges” By Karen Shelton and David Petta, Health Watch, Issue 78 (May 2015), p. 12-13.
- 4 “Private Health Insurance Exchange Enrollment Increases 35 Percent to 8 Million in 2016; Continues to Force Industry-Wide Evolution” Accenture, 2016, <https://www.accenture.com/us-en/insight-new-private-enrollment> (Accessed 9/29/16).
- 5 *Ibid.*
- 6 *Ibid.*
- 7 “National Health Expenditure Projections 2014-2024” Centers for Medicare and Medicaid Services, July 30, 2015, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html> (Accessed 9/29/15), Table 1.
- 8 *Ibid.*; “National Health Expenditure Projections 2014-2024 – Forecast Summary” Centers for Medicare and Medicaid Services, July 30, 2015, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/proj2014.pdf> (Accessed 9/29/15).
- 9 Accenture, 2016.
- 10 *Ibid.*
- 11 “Employers’ Shift Private Health Exchanges May Cost Employees More” By Zachary Tracer, Insurance Journal, (April 7, 2015).
- 12 *Ibid.*
- 13 Shelton and Petta, May 2015, p. 13.
- 14 “How Health Insurers Can Thrive in the Private Exchange Market [Q&A]” By Leslie Small, [fiercehealthcare.com](http://www.fiercehealthcare.com), February 22, 2016, <http://www.fiercehealthcare.com/payer/howhealthinsurerscanthriveprivateexchangemarketqa> (Accessed 6/17/16).
- 15 Filipek, February 12, 2014.
- 16 Shelton and Petta, May 2015, p. 13; “Three HR Execs Detail Transition To Private Exchanges and Results” By Steve Davis, AIS Health, March 26, 2015, Vol. 5, No. 3, <https://aishealth.com/archive/nhex0315-03> (Accessed 9/29/16).
- 17 Shelton and Petta, May 2015, p. 13.
- 18 Small, February 22, 2016.
- 19 “Private Exchange Growth Hits 8M, But Slows Among Large Employers” By Bruce Japsen, January 20, 2016, <http://www.forbes.com/sites/brucejapsen/2016/01/20/private-exchange-growth-hits-8m-but-slows-among-large-employers/#5d9d7cab6b09> (Accessed 9/29/16).
- 20 Accenture, 2016.
- 21 *Ibid.*
- 22 “For Now, Private Exchanges More Fizzle than Boom” By John Rosshiem, HighRoads, July 6, 2016, <http://www.highroads.com/for-now-private-exchanges-more-fizzle-than-boom/> (Accessed 10/11/16).
- 23 Accenture, 2016.
- 24 *Ibid.*
- 25 Small, February 22, 2016.
- 26 *Ibid.*
- 27 Rosshiem, July 6, 2016.
- 28 *Ibid.*
- 29 *Ibid.*
- 30 Shelton and Petta, May 2015, p. 13.
- 31 “Are ACOs the ‘Next Big Thing’ in Private Exchanges” By Melissa A. Winn, Employee Benefit News, (November 4, 2015).

HEALTHCARE VALUATION
THE FINANCIAL APPRAISAL OF
ENTERPRISES, ASSETS, AND SERVICES
Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Foreword by Shannon P. Pratt
“...the definitive treatise for the complexities of valuation in the healthcare industry.”
- Chris M. Mellen, President - Delphi Valuation Advisors, Inc.

The Adviser's Guide to Health Care
Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Todd A. Zgrang, MBA, MHA, FACHE, ASA – President, HEALTH CAPITAL CONSULTANTS
Keep Up With the Changes in Health Care Services and Consulting Practices
Includes Foreword by Leading National Health Care Attorney
David W. Grauer, Esq., Partner, Jones Day
TWO-VOLUME SET
• Consulting Services
• An Era of Reform - The Four Pillars
To purchase, visit AICPAStore.com/AGHC

Accountable Care Organizations: Value, Risk, and Capital Finance
Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Foreword by Peter A. Pavarini, Esq. – Squire Sanders LLP
“A must read and resource for any healthcare industry executive”
— Roger W. Logan, MS, CPA/ABV, ASA, Senior Vice President of Phoenix Children's Hospital
Learn more at CRCPress.com



(800)FYI - VALU

Providing Solutions
in the Era of
Healthcare Reform

Founded in 1993, HCC is a
nationally recognized healthcare
economic financial consulting firm

- [HCC Home](#)
- [Firm Profile](#)
- [HCC Services](#)
- [HCC Experts](#)
- [Clients & Projects](#)
- [HCC News](#)
- [Upcoming Events](#)
- [Contact Us](#)
- [Email Us](#)

HCC Services

- [Valuation Consulting](#)
- [Commercial Reasonableness Opinions](#)
- [Commercial Payer Reimbursement Benchmarking](#)
- [Litigation Support & Expert Witness](#)
- [Financial Feasibility Analysis & Modeling](#)
- [Intermediary Services](#)
- [Certificate of Need](#)
- [ACO Value Metrics & Capital Formation](#)
- [Strategic Consulting](#)
- [Industry Research Services](#)



Robert James Cimasi, MHA, ASA, FRICS, MCBA, CVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Master in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Institution of Chartered Surveyors (FRICS – Royal Institution of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Certified Valuation Analyst (CVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, and is the author of several books, the latest of which include: “*The Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA]; “*Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services*” [2014 – John Wiley & Sons]; “*Accountable Care Organizations: Value Metrics and Capital Formation*” [2013 – Taylor & Francis, a division of CRC Press]; and, “*The U.S. Healthcare Certificate of Need Sourcebook*” [2005 – Beard Books].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “*Shannon Pratt Award in Business Valuation*” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS). In 2016, Mr. Cimasi was named a “*Pioneer of the Profession*” as part of the recognition of the *National Association of Certified Valuators and Analysts (NACVA)* “*Industry Titans*” awards, which distinguishes those whom have had the greatest impact on the valuation profession.



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 20 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 1,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of “*The Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: *The Accountant’s Business Manual* (AICPA); *Valuing Professional Practices and Licenses* (Aspen Publishers); *Valuation Strategies: Business Appraisal Practice*; and, *NACVA QuickRead*. In addition to his contributions as an author, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators and Analysts (NACVA); Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).



John R. Chwarzinski, MSF, MAE, is Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**. Mr. Chwarzinski’s areas of expertise include advanced statistical analysis, econometric modeling, as well as, economic and financial analysis. Mr. Chwarzinski is the co-author of peer-reviewed and industry articles published in *Business Valuation Review* and *NACVA QuickRead*, and he has spoken before the Virginia Medical Group Management Association (VMGMA) and the Midwest Accountable Care Organization Expo.

Mr. Chwarzinski holds a Master’s Degree in Economics from the University of Missouri – St. Louis, as well as, a Master’s Degree in Finance from the John M. Olin School of Business at Washington University in St. Louis. He is a member of the St. Louis Chapter of the American Society of Appraisers, as well as a candidate for the Accredited Senior Appraiser designation from the American Society of Appraisers.



Jessica L. Bailey-Wheaton, Esq., is Vice President and General Counsel of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she conducts project management and consulting services related to the impact of both federal and state regulations on healthcare exempt organization transactions and provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services. Ms. Bailey is a member of the Missouri and Illinois Bars and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law, where she served as Fall Managing Editor for the *Journal of Health Law & Policy*.



Kenneth J. Farris, Esq., is an Associate at **HEALTH CAPITAL CONSULTANTS (HCC)**, where he provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services, and tracks impact of federal and state regulations on healthcare exempt organization transactions. Mr. Farris is a member of the Missouri Bar and holds a J.D. from Saint Louis University School of Law, where he served as the 2014-2015 Footnotes Managing Editor for the *Journal of Health Law & Policy*.