

# Tell Me Something About Telehealth

Jean Glossa, MD, MBA, FACP  
Health Management Associates  
Managing Principal for Clinical Services

Terry Beck  
Teladoc Health  
VP – Health Plans

Moderator:  
Tim Murray, FSA, MAAA  
Wakely Consulting Group  
Director & Senior Consulting Actuary

June 9, 2020



2020 **HEALTH**  
**VIRTUAL MEETING**



**Jean Glossa, MD, MBA, FACP**  
Health Management Associates  
Managing Principal for Clinical Services  
[jglossa@healthmanagement.com](mailto:jglossa@healthmanagement.com)



**Terry Beck**  
VP – Health Plans  
Teladoc Health  
[tbeck@teladochealth.com](mailto:tbeck@teladochealth.com)



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Active participation in the Society of Actuaries is an important aspect of membership. While the positive contributions of professional societies and associations are well-recognized and encouraged, association activities are vulnerable to close antitrust scrutiny. By their very nature, associations bring together industry competitors and other market participants.

The United States antitrust laws aim to protect consumers by preserving the free economy and prohibiting anti-competitive business practices; they promote competition. There are both state and federal antitrust laws, although state antitrust laws closely follow federal law. The Sherman Act, is the primary U.S. antitrust law pertaining to association activities. The Sherman Act prohibits every contract, combination or conspiracy that places an unreasonable restraint on trade. There are, however, some activities that are illegal under all circumstances, such as price fixing, market allocation and collusive bidding.

There is no safe harbor under the antitrust law for professional association activities. Therefore, association meeting participants should refrain from discussing any activity that could potentially be construed as having an anti-competitive effect. Discussions relating to product or service pricing, market allocations, membership restrictions, product standardization or other conditions on trade could arguably be perceived as a restraint on trade and may expose the SOA and its members to antitrust enforcement procedures.

While participating in all SOA in person meetings, webinars, teleconferences or side discussions, you should avoid discussing competitively sensitive information with competitors and follow these guidelines:

- **Do not** discuss prices for services or products or anything else that might affect prices
- **Do not** discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- **Do not** speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- **Do** leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- **Do** alert SOA staff and/or legal counsel to any concerning discussions
- **Do** consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior which might be so construed. These guidelines only provide an overview of prohibited activities. SOA legal counsel reviews meeting agenda and materials as deemed appropriate and any discussion that departs from the formal agenda should be scrutinized carefully. Antitrust compliance is everyone's responsibility; however, please seek legal counsel if you have any questions or concerns.

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## Telehealth in the Time of COVID-19

June 9, 2020

Jean Glossa, MD, MBA, FACP  
Managing Principal for Clinical Services

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# Telehealth- the new normal?

## Who wants to know about telehealth?

**PROVIDERS:**  
primary care,  
BH/SUD, specialists  
(including PCAs)

**INPATIENT,  
EMERGENCY DEPT,  
RESIDENTIAL and LTSS  
PROVIDERS**

**STATE AGENCIES  
(MCD, BH/SUD, PH)**

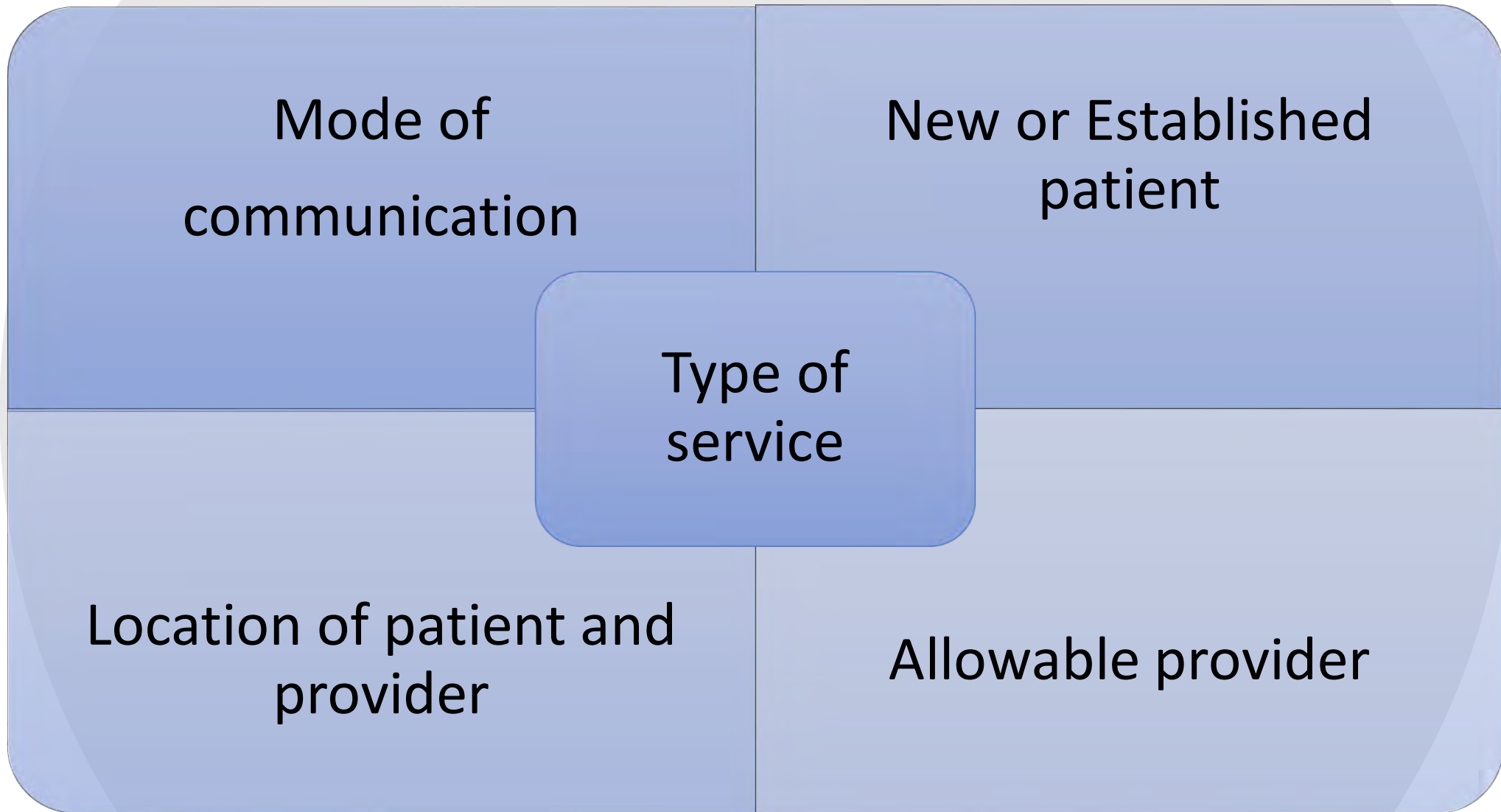
**HEALTH SYSTEMS  
and FACILITIES**

**PAYERS AND  
FUNDERS**

**PAYERS AND  
POLICY MAKERS  
(CMS TOOLKIT)**

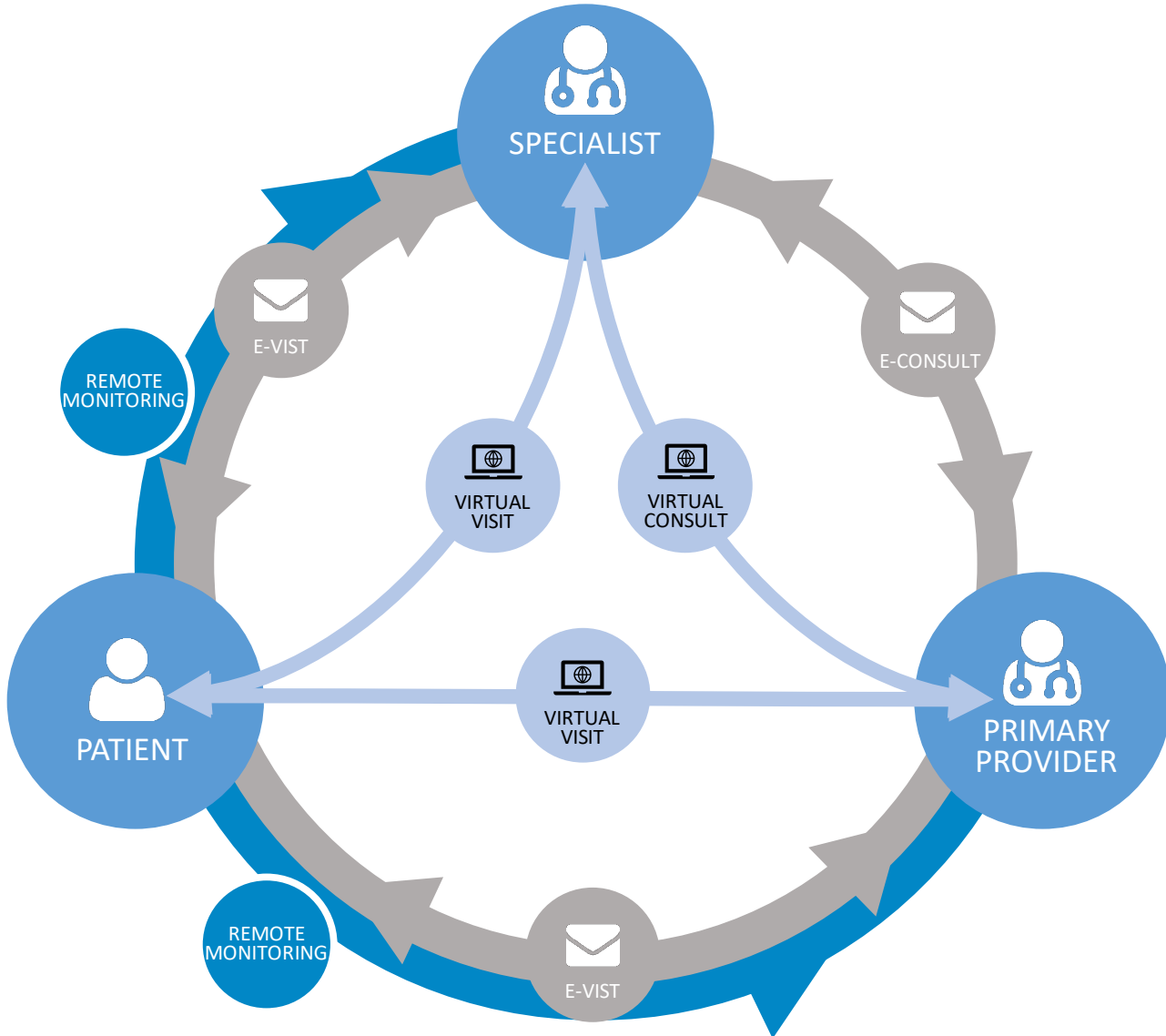
**TECHNOLOGY  
VENDORS**

**CORRECTIONS  
(criminal justice and  
re-entry)**





# TELEHEALTH FRAMEWORK



## KEY TERMS:

- + Originating Site: Patient
- + Distant Site: Provider
- + Store and Forward/asynchronous

## UNDERSTANDING SERVICE TYPES:

- + Virtual Health Visit
- + Virtual Check-in
- + E-visit
- + E-Consult (Provider ↔ Provider)
- + Remote physiological monitoring (RPM)
- + Remote evaluation of prerecorded patient information

## OTHER CONSIDERATIONS:

- + Project ECHO ([echo.unm.edu](http://echo.unm.edu))

In Medicare, the number of patients using telehealth:

11,000 members week ending March 7th

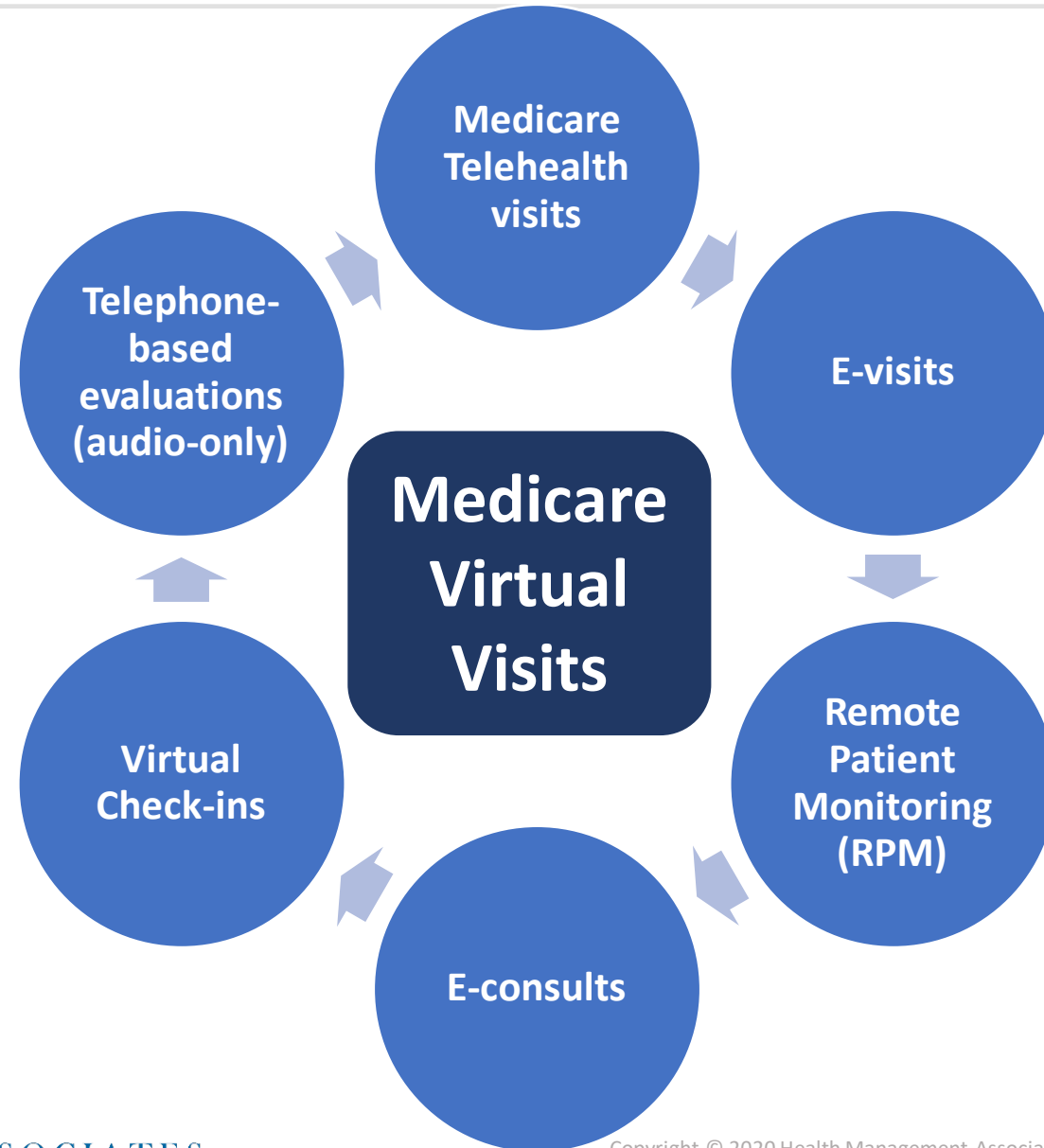
1.3M members week ending April 18th

Increase of 11,718% in 6 weeks

Source: [healthcarediver.com/news/medicare-seniors-telehealth-covid-coronavirus-cms-trump/578685/](https://healthcarediver.com/news/medicare-seniors-telehealth-covid-coronavirus-cms-trump/578685/)



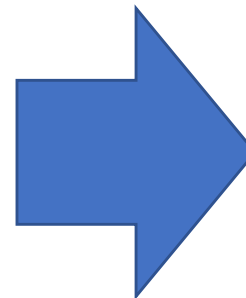
# SIX TYPES OF MEDICARE VIRTUAL VISITS FOR WHICH THE PROGRAM WILL REIMBURSE



# MEDICARE TELEHEALTH COVERAGE EXPANSION WILL ASSIST PROVIDERS AND PAYERS

## Medicare now a leader for telehealth coverage:

- + Policymakers view telehealth as an ideal treatment method during the COVID-19 emergency: Expand access, triage, treat
- + Five types of Medicare telehealth services
- + Regulatory and legislative vehicles since the Emergency declaration:
  - 1) CMS regulatory changes: March 17<sup>th</sup>
  - 2) Stimulus package: March 27<sup>th</sup>
  - 3) CMS Interim Final Rule: March 31<sup>st</sup>
  - 4) Stimulus package Part 2: April 27<sup>th</sup>
  - 5) CMS Interim Final Rule: April 30<sup>th</sup>
  - 6) Ongoing changes to list of covered telehealth services
  - 7) More to come?



## Medicare telehealth coverage during emergency:

- + Temporary and retrospective
- + Originating sites: urban and patient's home
- + New patients
- + Telehealth visits: 100+ new types of services (e.g., ED, PT/OT/SP, home health, hospice)
- + Audio-only visits permitted, behavioral health
- + Distant sites: clinician's home, FQHCs, Rural Clinics, rehab hospitals
- + Hospital outpatient services (e.g., therapy)
- + Eligible providers: PT/OT/SPs, LCSWs, clinical psychologists
- + Medicare Advantage plans: Must follow FFS coverage expansions, telehealth visits built into risk adjustment process that sets rates

# OTHER KEY FEDERAL UPDATES MADE DURING THE COVID-19 EMERGENCY



## DEA: CONTROLLED SUBSTANCES

- Prescribing controlled substances usually requires in-person medical evaluation
- Temporarily, DEA-registered practitioners can prescribe controlled substances via telehealth if:
  - + 2-way audio/video
  - + Legitimate medical purpose
  - + Consistent with State and Federal laws

## HIPAA Flexibility

- HHS-Office of Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers
- Providers must serve in good faith using everyday technologies that are not public facing

## Medicare cost-sharing:

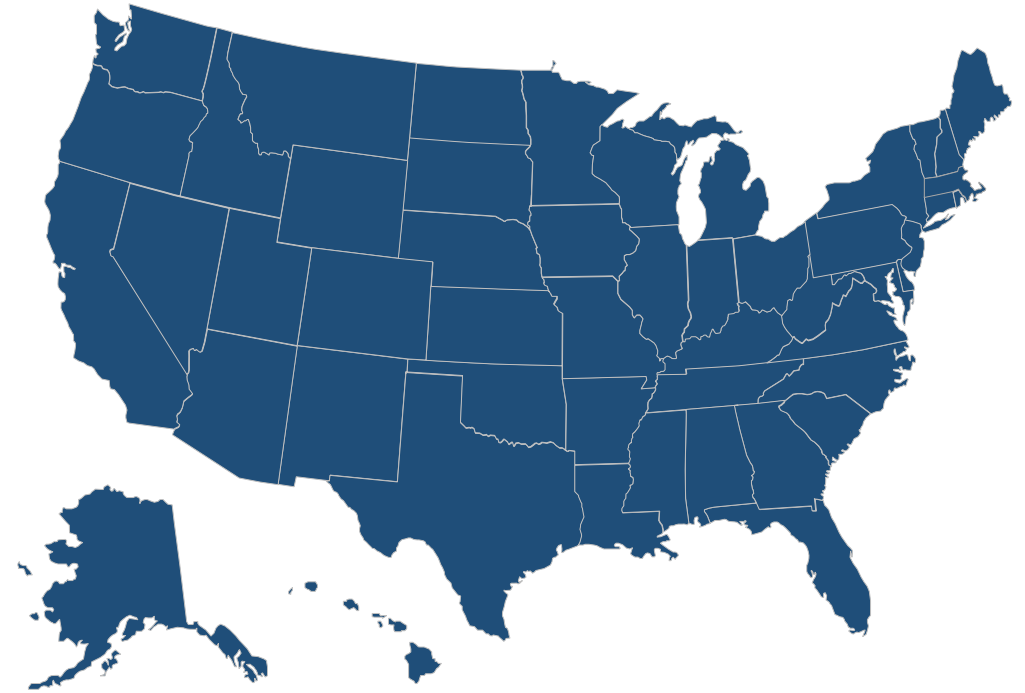
- HHS-OIG provides flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

## Practitioner licensure:

- CMS temporarily waived requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state
- Still need to meet any state specific requirements

## ■ MEDICAID: 1135 WAIVERS

- + 1135 Waivers allow reimbursement during an emergency or disaster even if providers can't comply with certain Federal requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment.
- + 1135 Waivers can be implemented retroactively. All currently approved waivers were activated as of March 1, 2020 and will extend through the conclusion of the designated emergency.
- + 50 states (+DC) have received 1135 waivers, such as:
  - + Expedited and temporary provider enrollment in Medicaid
  - + Waiver of prior authorization
  - + Reimbursement for services in non-licensed facilities housing individuals evacuated from licensed facilities
  - + Reimbursement for otherwise payable claims from out of state providers not otherwise enrolled in Medicaid
  - + Waiver of public notice requirements for state plan amendments that improve access and/or reimbursements





**Accelerating a Telehealth  
Implementation**  
Jean Glossa, MD, MBA

HEALTH MANAGEMENT ASSOCIATES

## ■ ORGANIZATIONAL READINESS ASSESSMENT

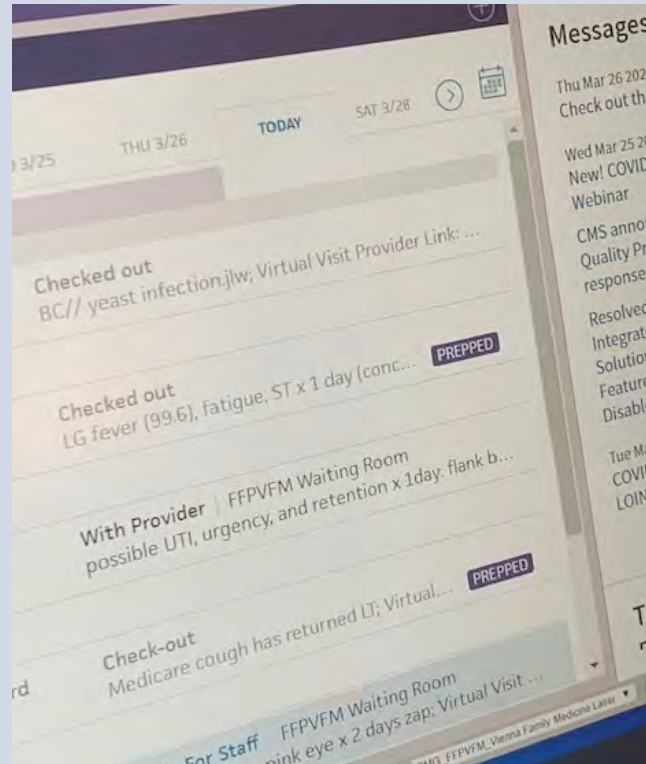


### Components Should include:

- + Organizational – Planning, Engagement, Change Management
- + Experience with Telehealth
- + Technology Capacity
- + Equipment Selection
- + Regulatory or Policy Understanding
- + Financing and Reimbursement
- + Clinical Considerations
- + Relationship with Specialty Care Providers
- + Workforce Development
- + Patient Engagement and Marketing
- + Evaluation and Outcome Measurement



# THE WAITING ROOM



## Updates to the visit workflow:

- Check in/out
- Consent
- Documentation
- Privacy and security
- Interruptions
- Follow up

# HMA TELEHEALTH READINESS QUESTIONNAIRE

WHO WE ARE ▾

WHAT WE DO ▾

WHO WE HELP ▾

KNOWLEDGE SHARE ▾

OUR TEAM ▾

Search...



Telehealth Readiness Questionnaire

Home / Telehealth Readiness Questionnaire

## Telehealth Readiness Questionnaire

The **Telehealth Readiness Questionnaire** is quick, web-based tool that will help your organization better understand your readiness to adopt telehealth such as telemedicine visits, virtual check-ins or e-visits. At the end of the questionnaire, please indicate whether you'd like a brief consultation with an HMA telehealth expert to help interpret your results and identify strategies for your next steps.

To access the Questionnaire, please click the button below.

[TELEHEALTH READINESS QUESTIONNAIRE](#)

<https://www.healthmanagement.com/telehealth-readiness-questionnaire/>

## ■ ADDRESSING EQUITY IN TELEMEDICINE

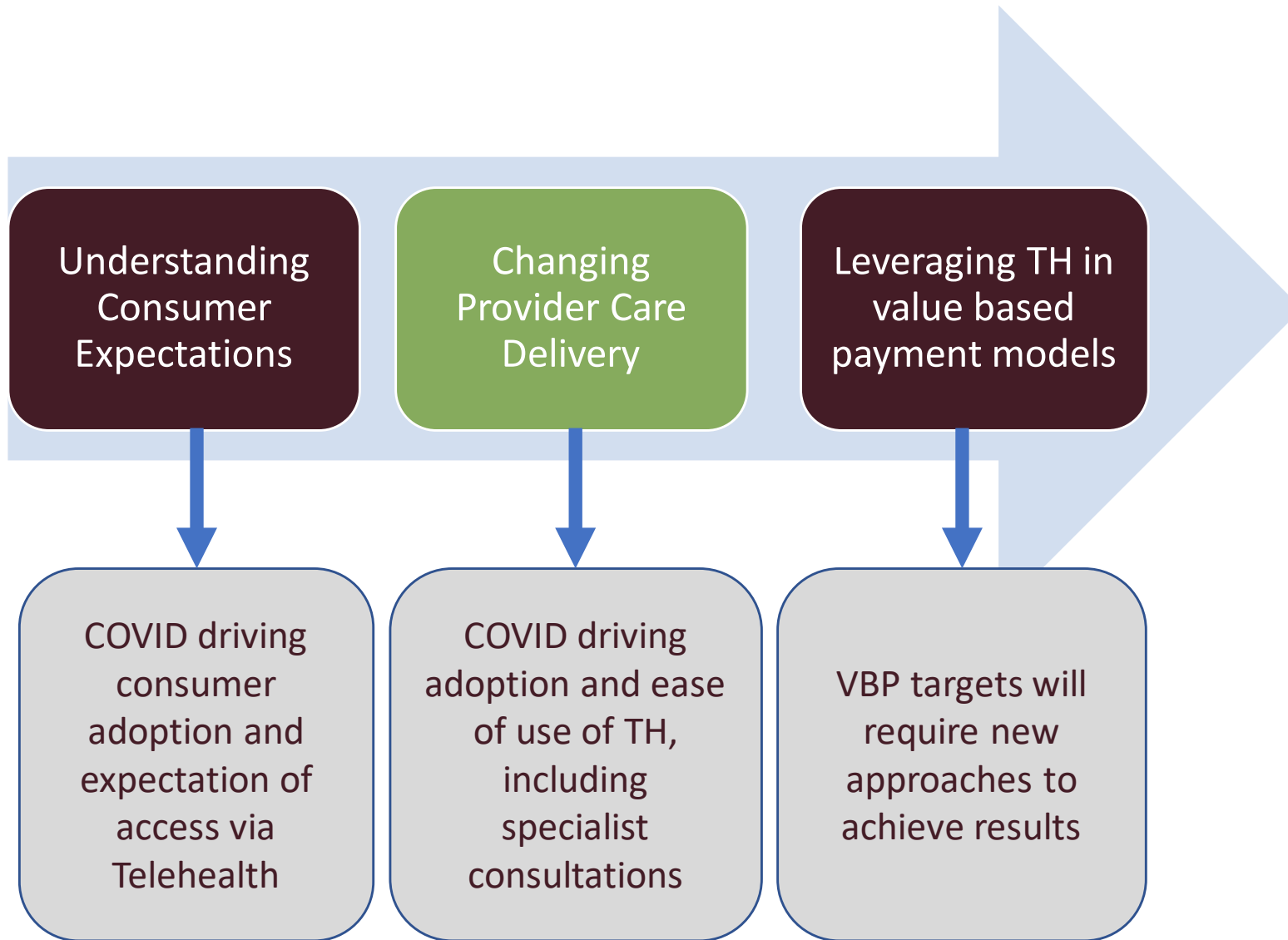
**Disparities in the use of telehealth is not a new concept.**

**Telehealth does not increase access to everyone equally.**

**Consider: English language literacy, health literacy, technology limitations and connectivity issues.**



## STRATEGIC POSITIONING FOR TELEHEALTH GROWTH



An effective telehealth strategy should meet new expectations on access, delivery and quality- and should align with broader strategies around shared risk.



Teladoc™  
HEALTH



Modernizing how  
people access and  
experience healthcare



# DEMO

# Teladoc Health is the global virtual care leader

**TDOC**

publicly-traded on NYSE

**+2,400**

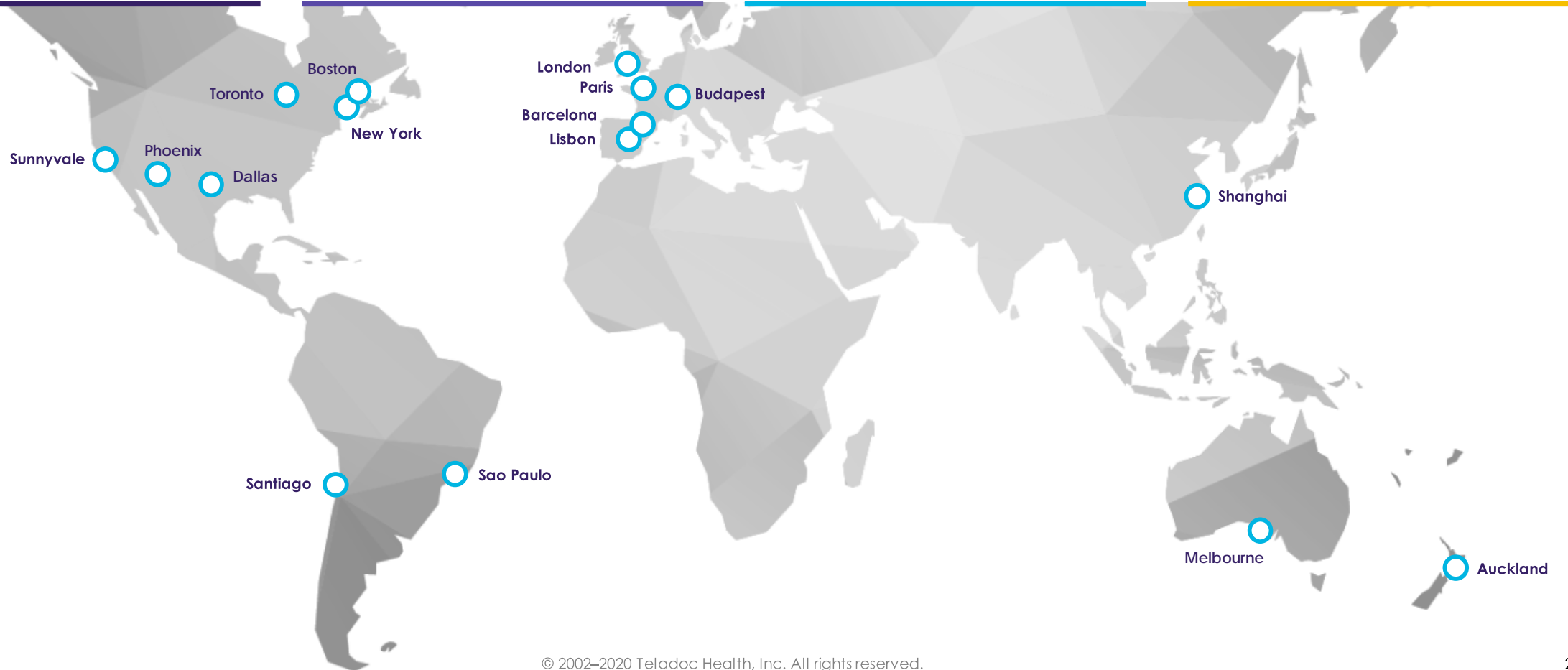
employees worldwide

**+450**

medical sub-specialties

**+4 million**

virtual care visits in 2019



We are transforming how people access healthcare around the world.

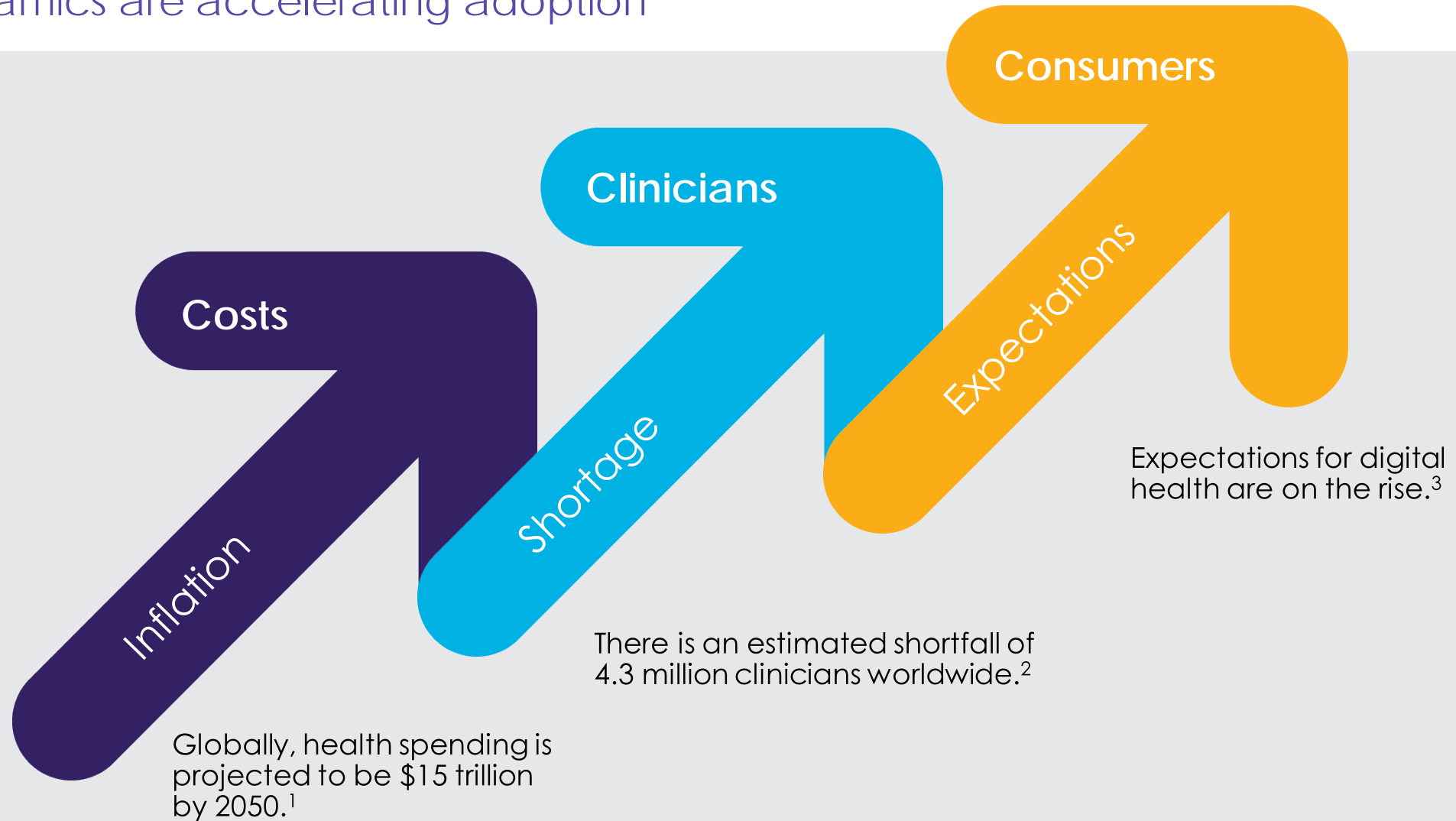
Teladoc Health is creating **a new kind of healthcare experience** with **greater convenience, outcomes, and value.**





# Virtual care is essential to high-quality healthcare

Market dynamics are accelerating adoption



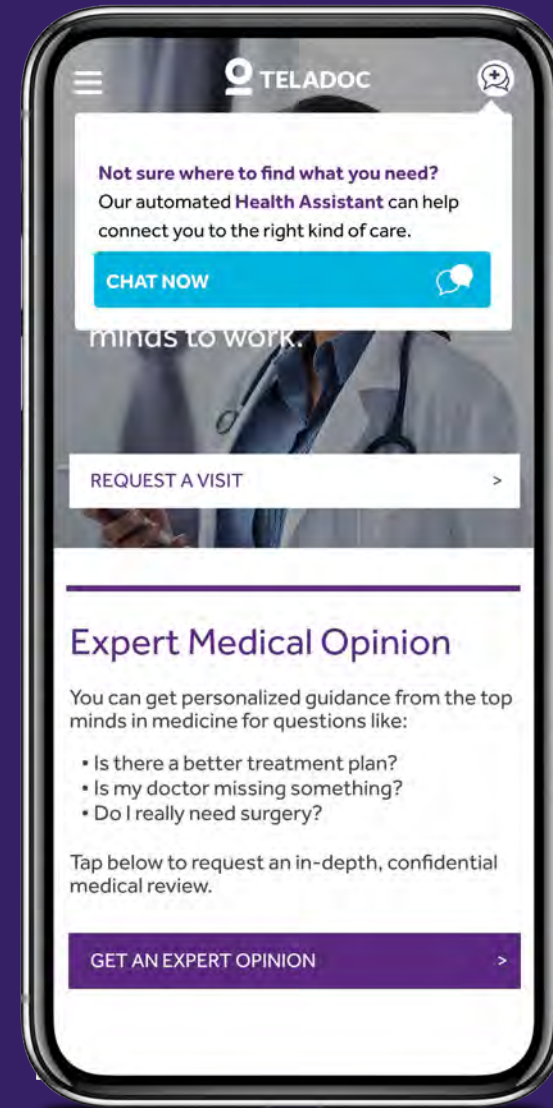
Virtual care is optimized to serve as **the front door** and streamline the healthcare experience

Anytime, anywhere care

Diagnosis and treatment

Medical experts

Treatment guidance



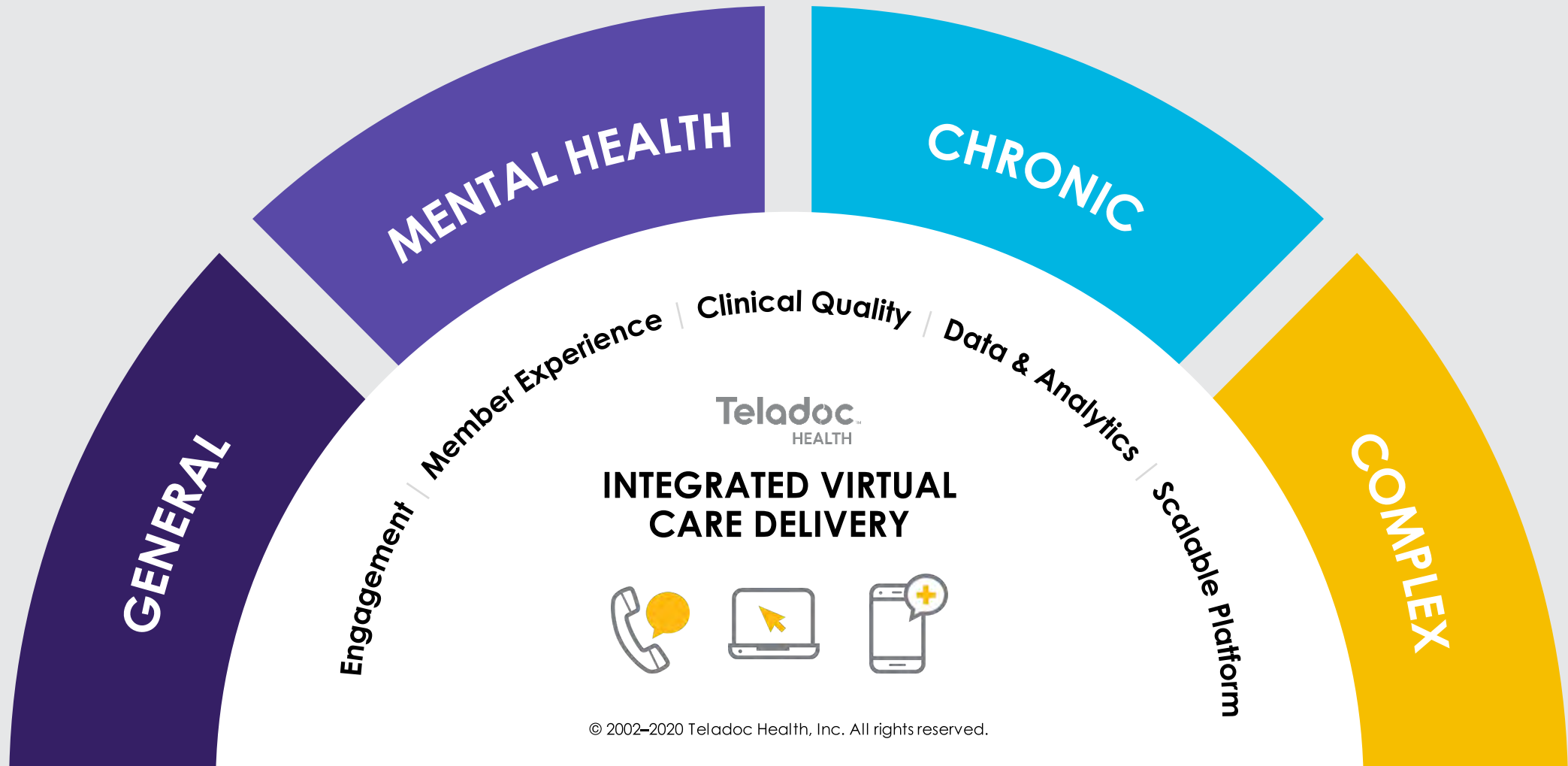
Mental healthcare

Caregiving support

Health coaching

Find a doctor

# Delivering the only comprehensive virtual care solution





# Polling Question

# Polling question



During the pandemic, what % of virtual visits are for people who believe they may have been exposed to COVID-19?

A. 25%

B. 65%

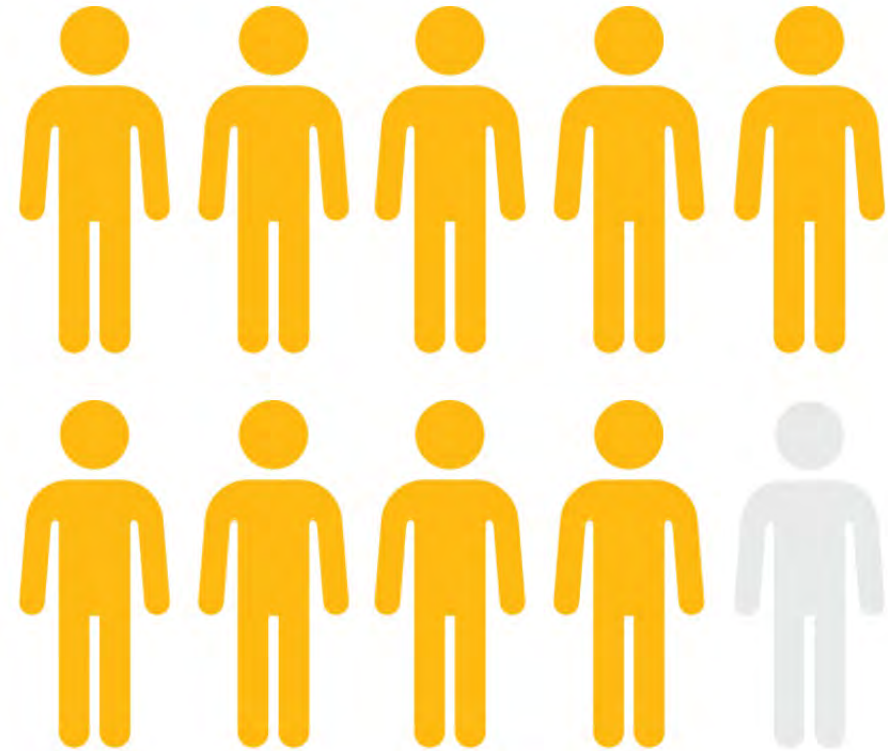
C. 10%

D. 32%

# 9 out of 10 visits are for non-COVID-19 related concerns

We're helping members with the full spectrum of care including:

- Prescription refills
- Referrals
- Chronic Care Management
- Specialty Care
- Dermatology
- Mental Health Care
- Expert Second Opinions





# Polling Question

# Polling question



In a recent study, what % respondents reported that their mental health has been negatively affected by the pandemic?

- A. 15%
- B. Nearly half
- C. 68%
- D. More than 90%

April 2020 study of 1,558 employees or those recently employed in Canada and the U.S., conducted by Leger and commissioned by Teladoc Health



# For 50%, their mental health has been affected by COVID-19

Of those, 81% reported being negatively affected and grappling with:

- Anxiety
- Depression
- Bipolar Disorder
- Post Traumatic Stress Disorder (PTSD)
- Fear
- Isolation
- Loneliness



April 2020 study of 1,558 employees or those recently employed in Canada and the U.S., conducted by Leger and commissioned by Teladoc Health

# AHIP Survey: Value of virtual care across key domains



Access

Expands our ability to provide quality healthcare to more members

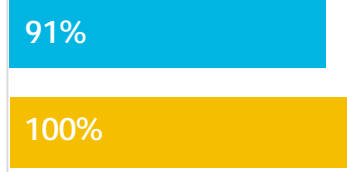
**NOTE: > 88% All:**  
Can be used as an entry point to route members toward the right type of care



Clinical Quality & Outcomes

Complements our existing service offerings

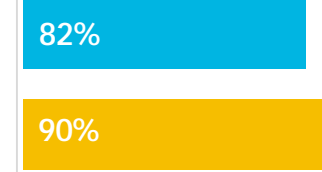
**NOTE: > 50% Medicaid:**  
useful for collecting clinical quality measures



Physician Network

Helps to broaden our provider networks

**NOTE: > 80% Medicare:**  
useful for coordinating care with other providers and services

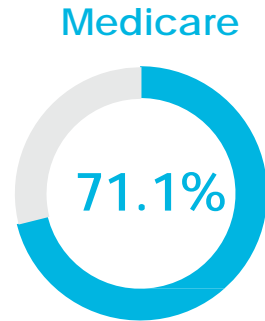
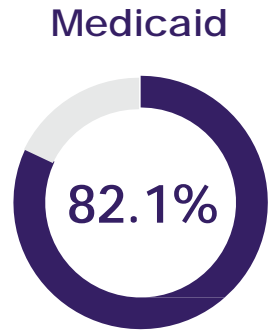


■ Medicare Advantage

■ Medicaid

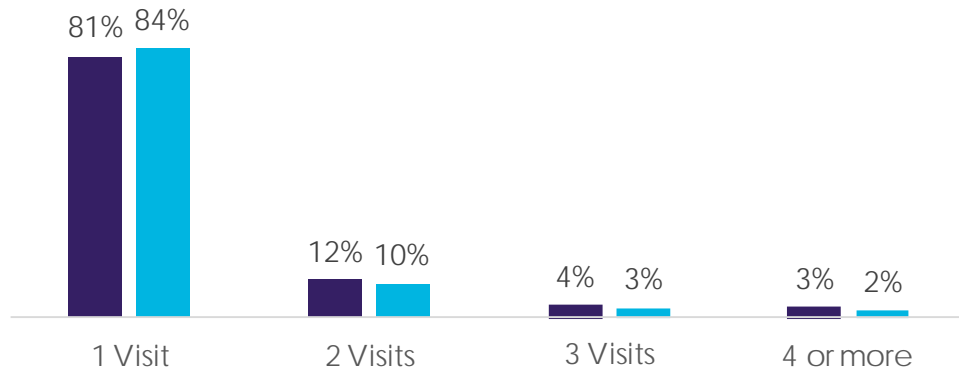
# General Medical Utilization

## Resolution Rate



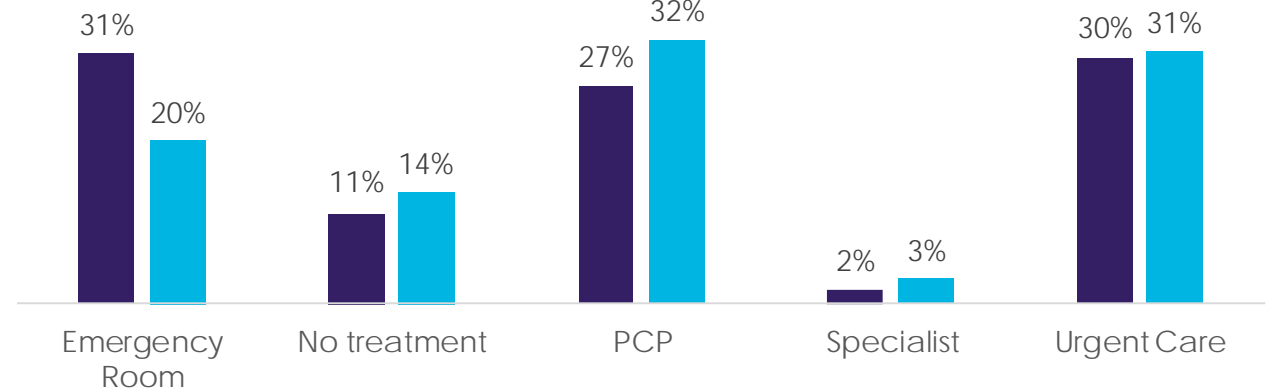
## Visit Frequency

■ Medicaid ■ Medicare

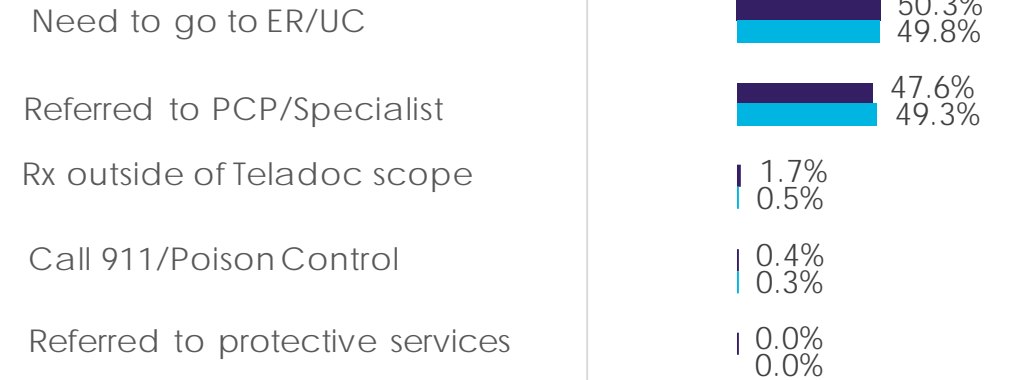


## Alternative Care Choice

■ Medicaid ■ Medicare



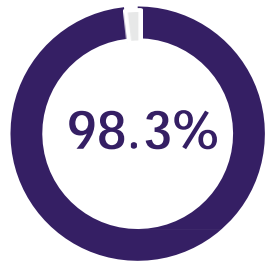
## Unresolved Redirection



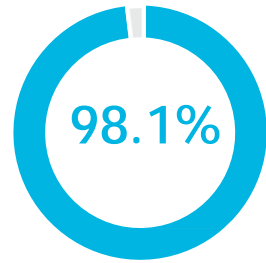
# Behavioral Health Utilization

## Resolution Rate

### Medicaid

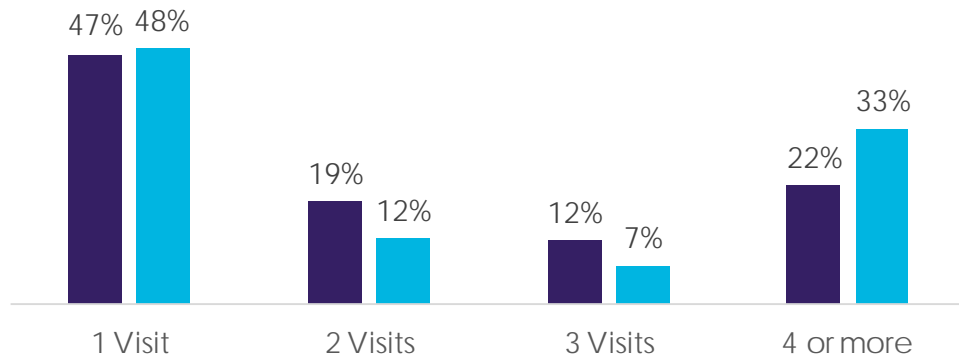


### Medicare



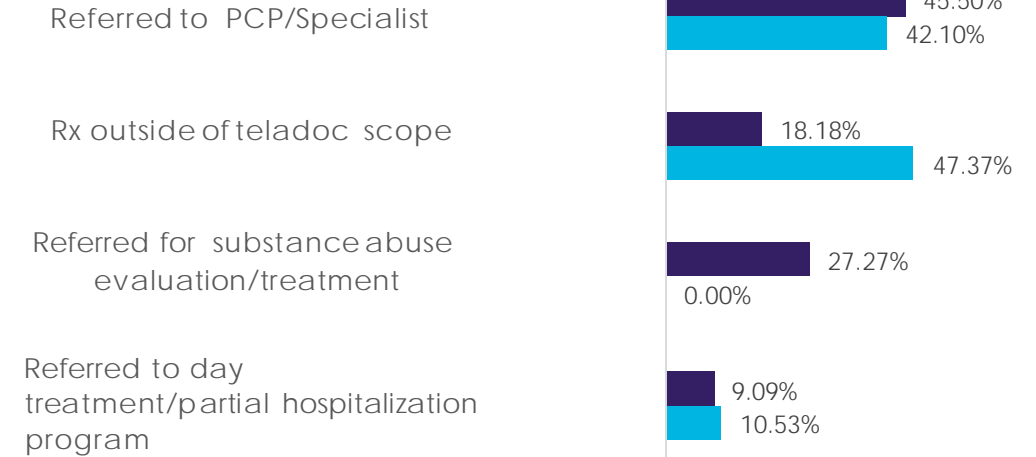
## Visit Frequency

■ Medicaid ■ Medicare



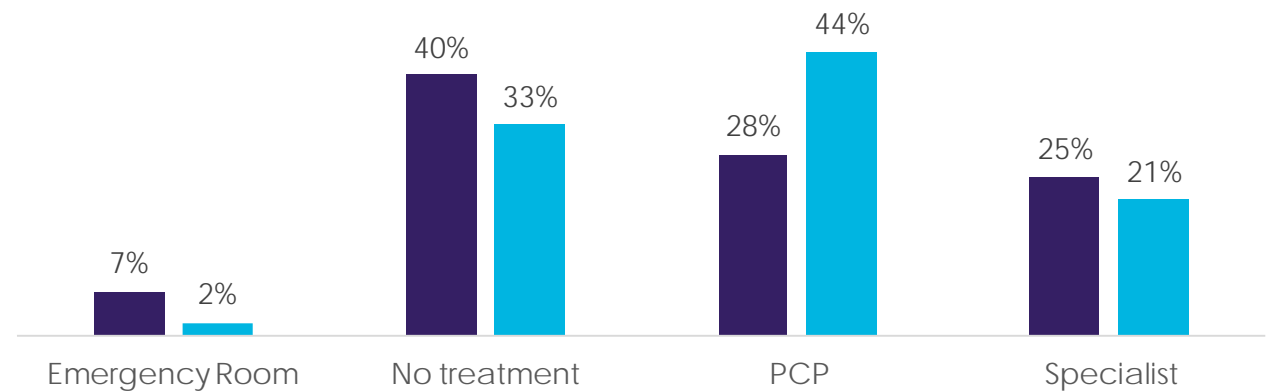
Resolution Rate includes those visits that were resolved as well as those that are ongoing therapy.

## Unresolved Redirection



## Alternative Care Choice

■ Medicaid ■ Medicare



# Sophisticated **Engagement Science™** and targeting approach reaches members in their moment of need

**Demographics targeting:**  
Parents



**Location based triggers:**  
Urgent Care



**Claims triggers:**  
Upcoming surgery, heavy ER User



**Predictive modelling:**  
Comorbidities, life events, prescriptions





“The role of virtual care  
has changed forever in  
the healthcare system.”

—Jason Gorevic, CEO, Teladoc Health



# DEMO

Thank you





# Q&A Session





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ACTUARIES®**