MULTIPAYER PRIMARY CARE NETWORK
Milbank Memorial Fund

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# Second Payer COVID-19 Survey (December 2020)

## Analysis summary

Prepared by Alyssa Crawford and
Aparna Kachalia, Mathematica

March 30, 2021

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See the accompanying supplemental tables (Excel) for additional quantitative analysis results.

# Survey purpose and methods

# Survey purpose

- **To understand payer policies and strategies that influence primary care practices during the COVID-19 pandemic**
  - Determine how payers strengthen and sustain primary care given the challenges of COVID-19
  - Disseminate insights to inform current and future efforts
- **To follow up on Milbank's previous Payer COVID-19 survey (first survey) conducted in early 2020**
  - Targeted payers participating in Comprehensive Primary Care Plus (CPC+)
  - Completed by 43 payers

# Survey design

- **Drafted by Milbank with input from Mathematica**
  - Informed by but intended to collect more quantifiable detail than the first survey
- **26-item survey targeting payer representatives**
  - Organizational characteristics (four questions)
  - Telehealth in primary care (seven questions)
  - Payments to primary care practices (eight questions)
  - Other primary care supports (four questions)
  - Additional questions (three questions)
- **Mix of structured and open-ended questions**
- **Intended to elicit insight about payers' actions broadly, not just those connected to specific programs**

# Survey administration and analysis

- **Distributed by Milbank to groups of payers:**
  - Milbank's Multipayer Primary Care Network
- **Collected 38 responses through SurveyMonkey and email from December 16, 2020, to February 4, 2021**
  - Milbank staff entered emailed responses manually into SurveyMonkey
- **Mathematica analyzed SurveyMonkey output**
  - Descriptive analyses of structured responses using SAS
  - Manual content analysis of open-ended responses

# Analysis findings

# Executive summary

- **Most payers reimburse primary care providers for a variety of telehealth services on par with in-person visits.**
  - Payment amount varies based on visit length and patient characteristics
  - Many payers are also encouraging use of telehealth through the following:
    - Member engagement
    - Updates to attribution approaches
    - Adjustments in quality measurement methodologies
- **Most payers are offering primary care practices the following:**
  - Advanced or accelerated payments
  - Increased opportunity to participate in alternative payment models
  - Modifications to quality reporting requirements
- **Many payers also support primary care practices in other ways, especially by reducing administrative burden.**

# Executive summary

- **Payers' ability to support primary care practices during the COVID-19 pandemic was influenced by both of the following:**
  - External factors (actions by regulators)
  - Internal factors (organizational characteristics and prior investments)
- **Implementing policies and supports required time and resources and was complicated by the following:**
  - Constant changes
  - The need for quick action
  - Concerns the pandemic's long-term impacts
- **There are signs that payers successfully protected the providers and practices and expanded the use of telehealth.**

# Organizational characteristics

# A total of 37 payers completed the survey

## Profit status:

- 25 not-for-profit
- 11 for-profit
- 1 did not respond

## Geographic size:

- 2 national
- 7 regional
- 19 state
- 9 other (see next slide)

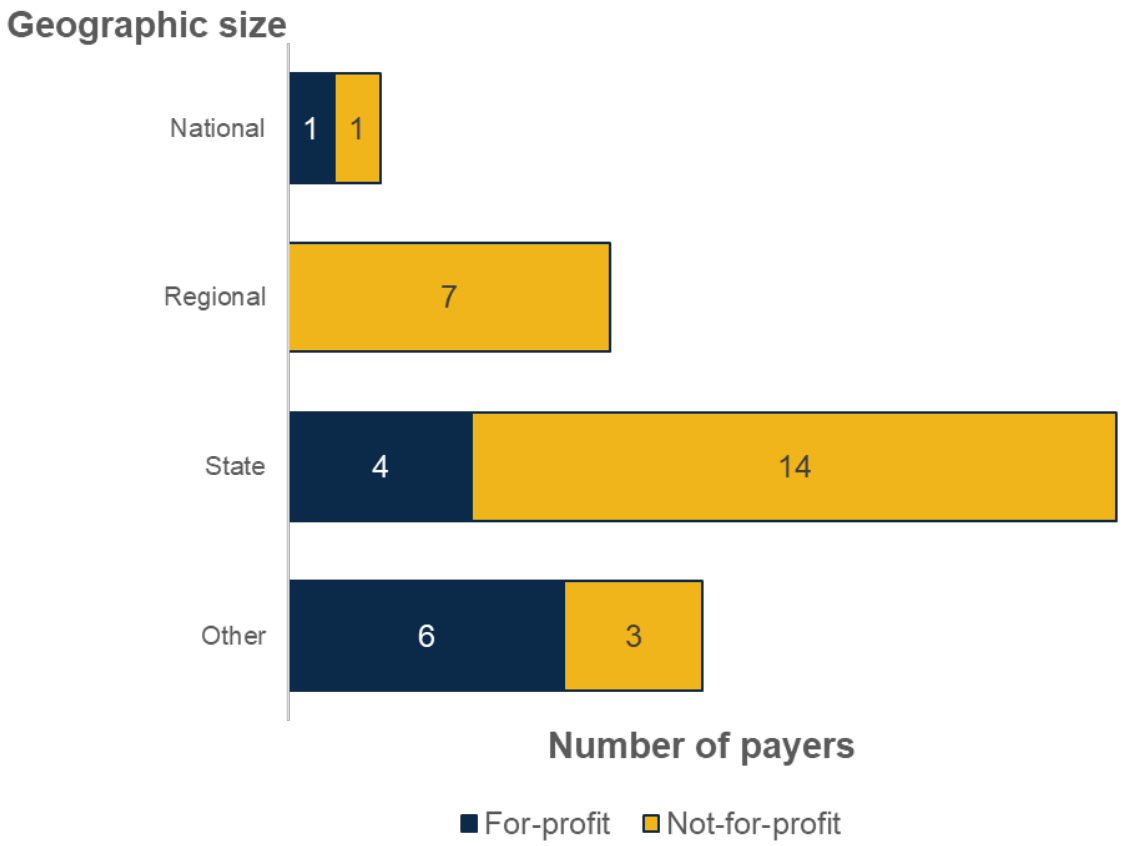
## Involvement in primary care demonstrations:

- 27 payers only in CPC+
- 1 payer only in Primary Care First (PCF)
- 6 payers in both CPC+ and PCF
- 3 payers were part of neither program

**We grouped payers in three types (CPC+ only, PCF, and neither) to protect respondents' anonymity.**

*Note*: We also received one response from a regional convener of payers and providers. Because that organization is not a payer itself, we omitted its data from the quantitative analyses, but we did consider its responses to open-ended questions in the qualitative analysis.

# State and regional payers are more often not-for-profit

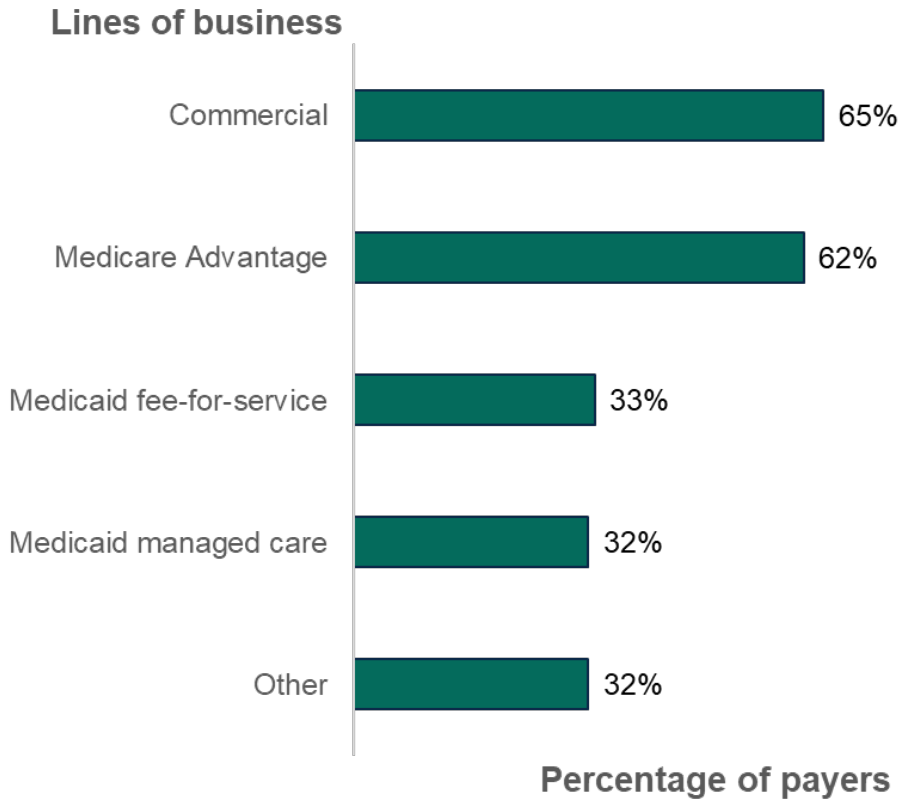



*Note:* One state payer did not respond to the question about profit status.

## Payers that selected Other:

- Cover geographic areas with multiple states (not necessarily whole or contiguous)
- Have geographic areas that vary by market or program (for example, CPC+)
- Reflect a combination of other categories (for example, a state-based payer with some national plans)

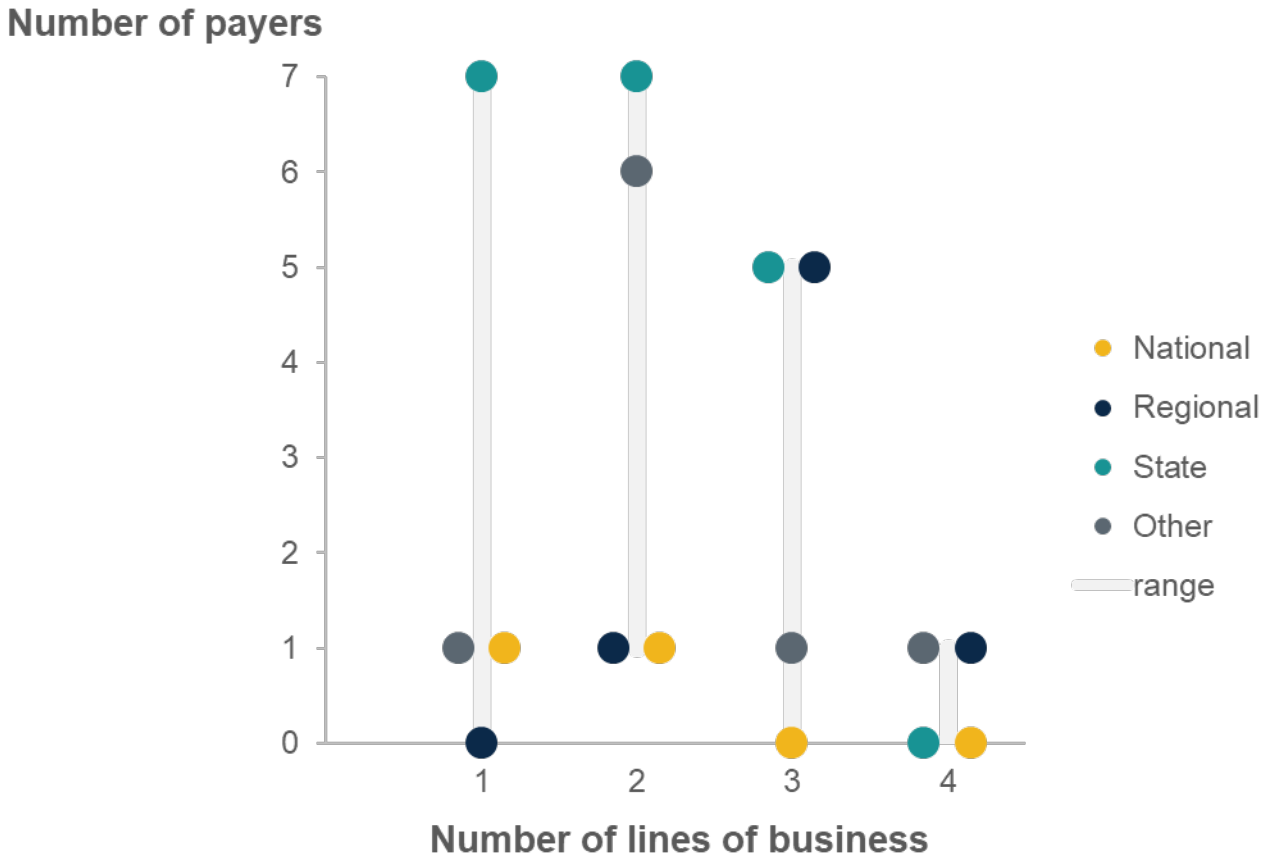
# Responding payers most often have commercial and Medicare Advantage lines of business




- **Examples of other lines of business:**
  - Affordable Care Act exchange
  - Self-funded or administrative services only
- **Some payers have distinct lines of business for CPC+ or in certain states.**

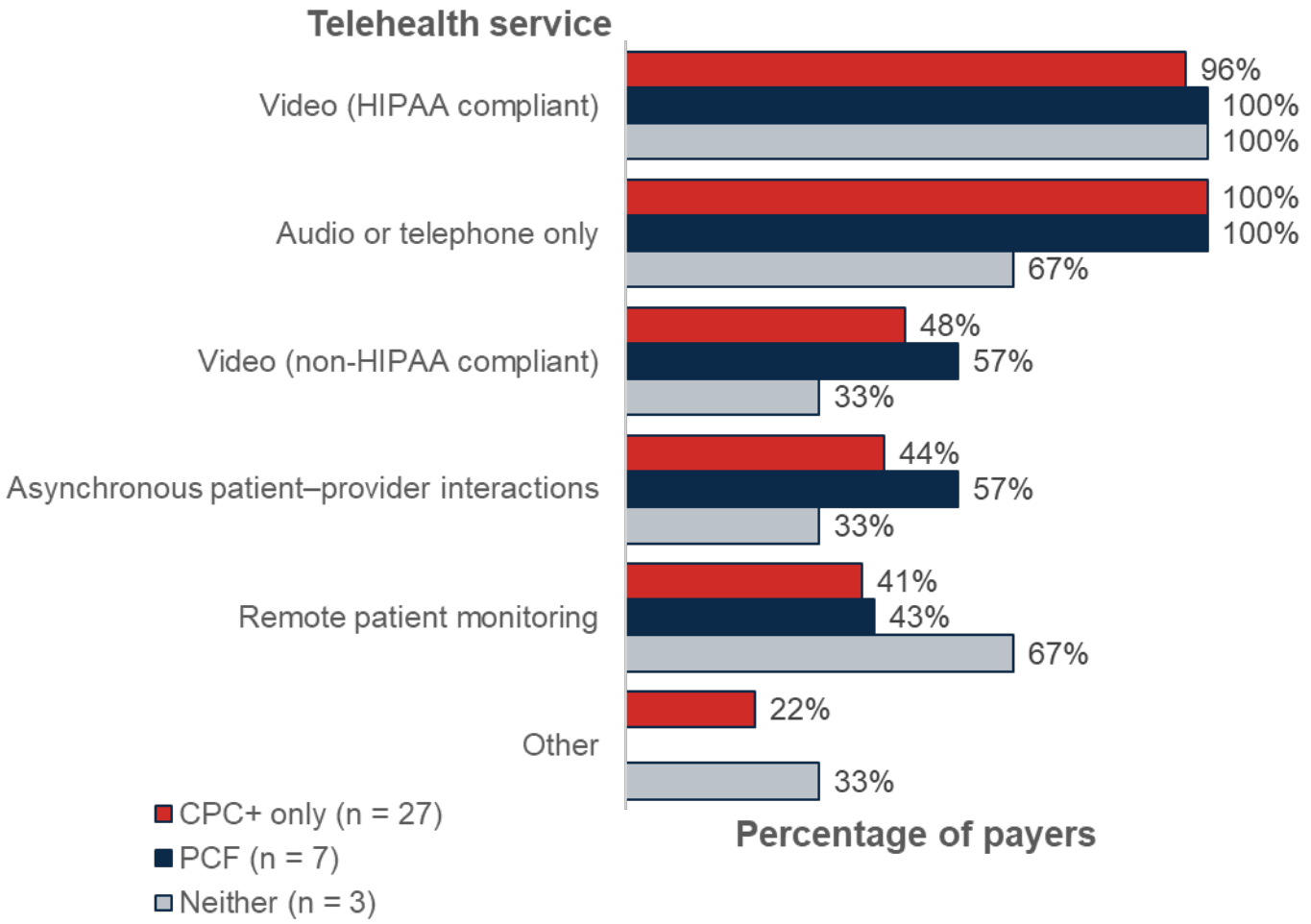
# Three-quarters of payers have two or more lines of business

- **15 payers, or 40 percent, have two lines of business:**
  - 11 payers have three lines of business.
  - 2 payers have four lines of business.



# Telehealth policies and supports

# Payers cover many telehealth services, especially HIPAA-compliant video and audio or telephone




- **Service coverage is relatively consistent across payer type.**
- **Not-for-profit payers cover more services than for-profit payers do (see supplemental tables).**
  - Asynchronous interactions: 60 vs. 18 percent
  - Remote patient monitoring: 48 vs. 26 percent
- **Payers who indicated Other:**
  - Only cover certain services during the pandemic
  - Vary coverage by lines of business or plan
  - Specified types of asynchronous interactions (secure portal messages, not email or fax)

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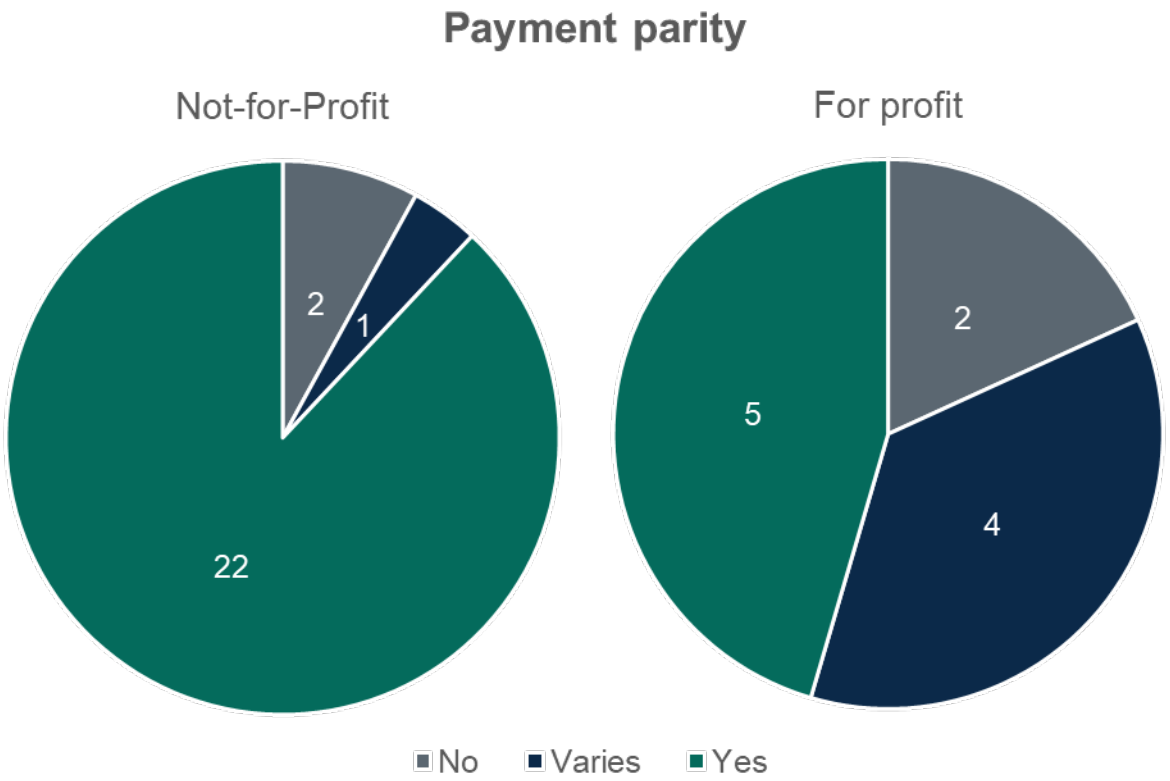
HIPAA=Health Insurance Portability and Accountability Act

# More not-for-profit than for-profit payers report payment parity

- **All but five payers reimburse telehealth services on par with in-person care some of or all the time.**
- **Some payers indicated payment parity varies by the following:**
  - Type of service (paying less for audio-only or services other than behavioral health)
  - Billing code (parity for stand-alone codes but not codes with telehealth modifiers)
  - Time (during the pandemic or not)
  - Lines of business, because of differences in benefit plan policies




*Note:* One payer did not respond to the question about profit status.

# Comparisons with results of first survey

## / More payers cover telehealth visits.

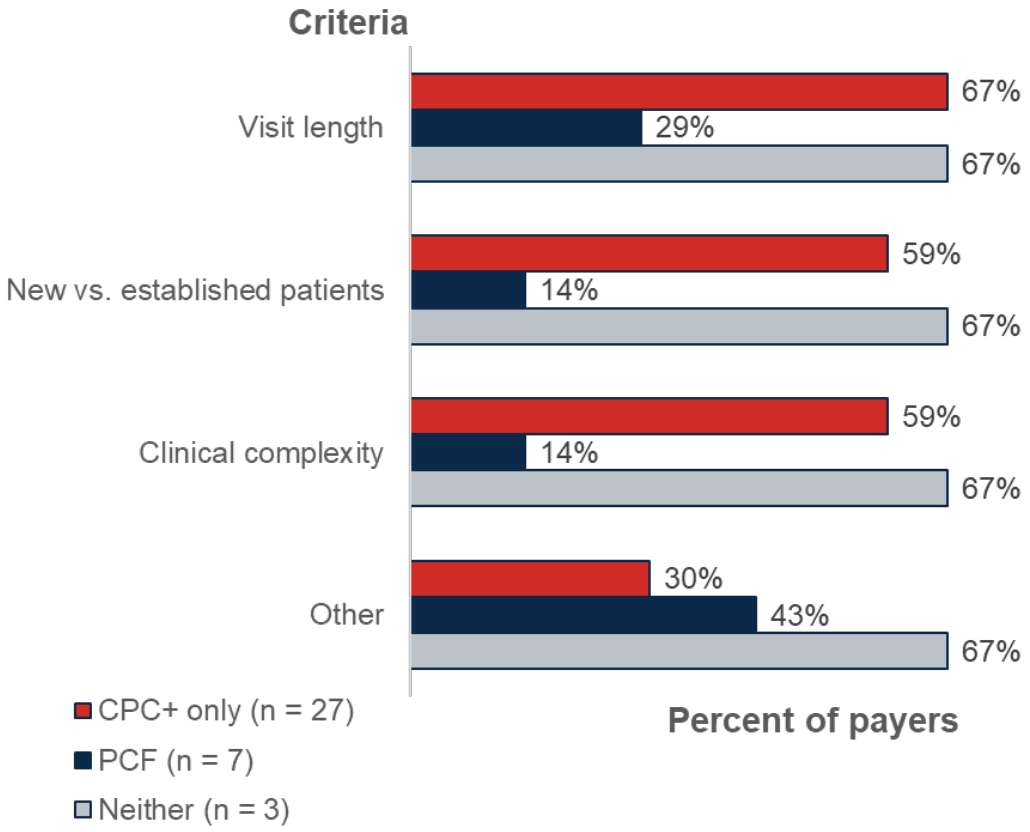
- Video: 90 percent in first survey compared with 95 percent in second
- Telephone/audio: 75 percent in first survey compared with 95 percent in second

## / Payment parity remains very high.

- First survey: 90 percent of payers covering video and 75 percent of payers covering telephone
- Second survey: 89 percent of payers, including those who reported parity varies

*A note on limitations:* The second survey was distributed to a larger group of payers, and participation was voluntary, which might bias the findings.

# Visit length is the most common driver of telehealth payment amount

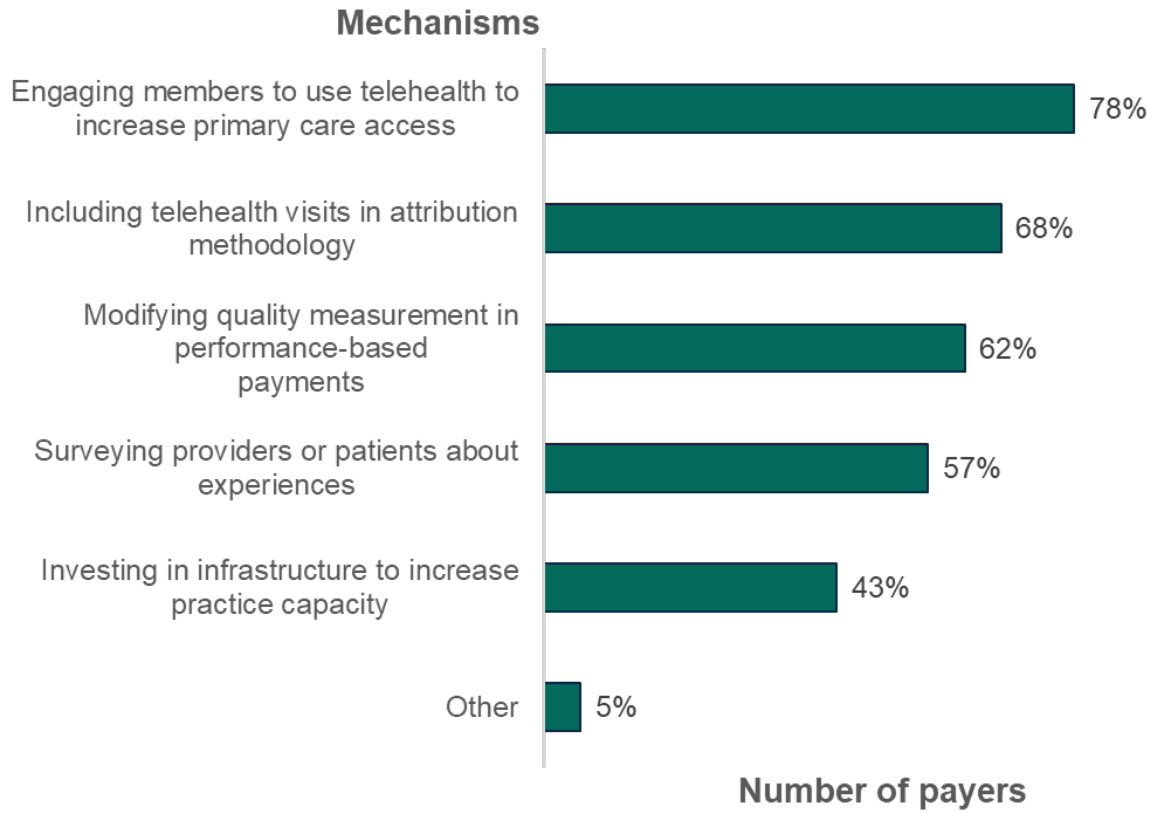



- **CPC+-only payers were more likely than PCF payers to adjust payment for the following:**
  - Visit length
  - Patients' newness
  - Clinical severity
- **Other criteria include:**
  - Mode of service

*Note:* Four payers (two current CPC+ and two PCF) did not respond to this question.

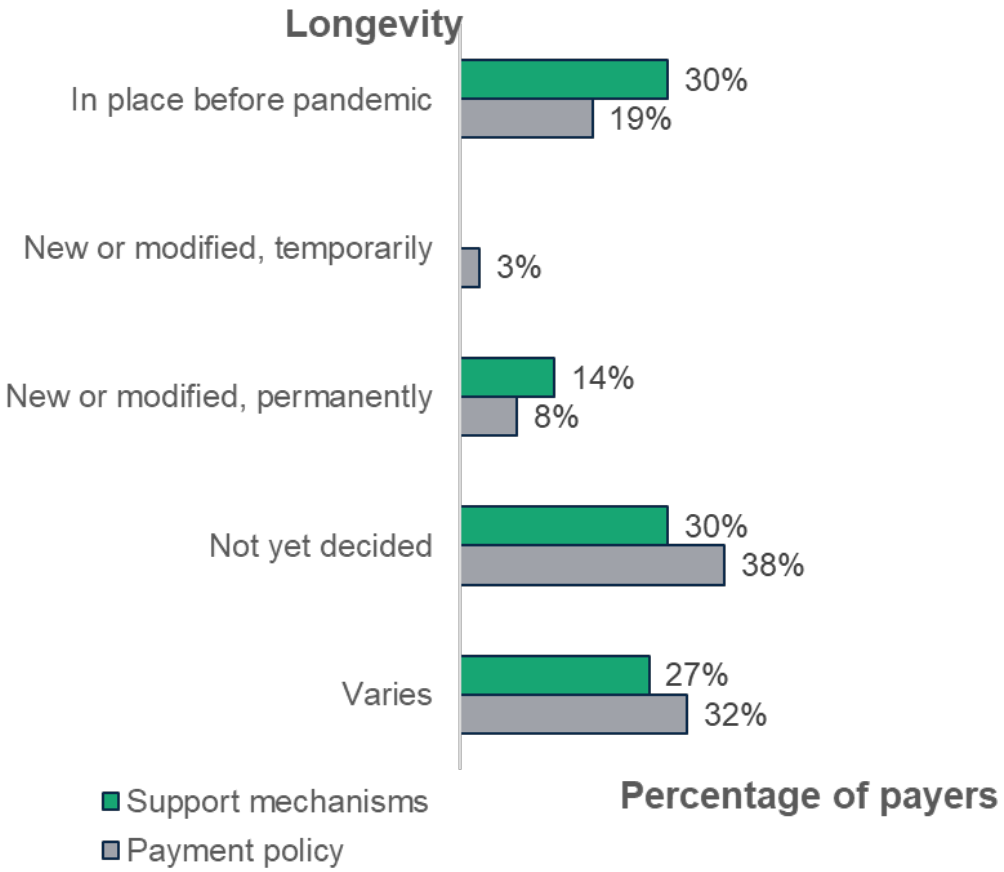
# Payers use a variety of mechanisms to support telehealth

- **Two-thirds of payers (25) use three or more mechanisms (see supplemental tables).**
- **More for-profit than not-for-profit payers (see supplemental tables):**
  - Invest in infrastructure to increase practice capacity: 73 versus 32 percent
  - Modify quality measurement in performance-based payments: 82 versus 56 percent
- **Examples of other mechanisms:**
  - Providing a fee-for-service payment for telehealth on top of risk-adjusted partial capitation payments
  - Broadband support to expand telehealth in schools




*Note:* One payer did not respond to this question.

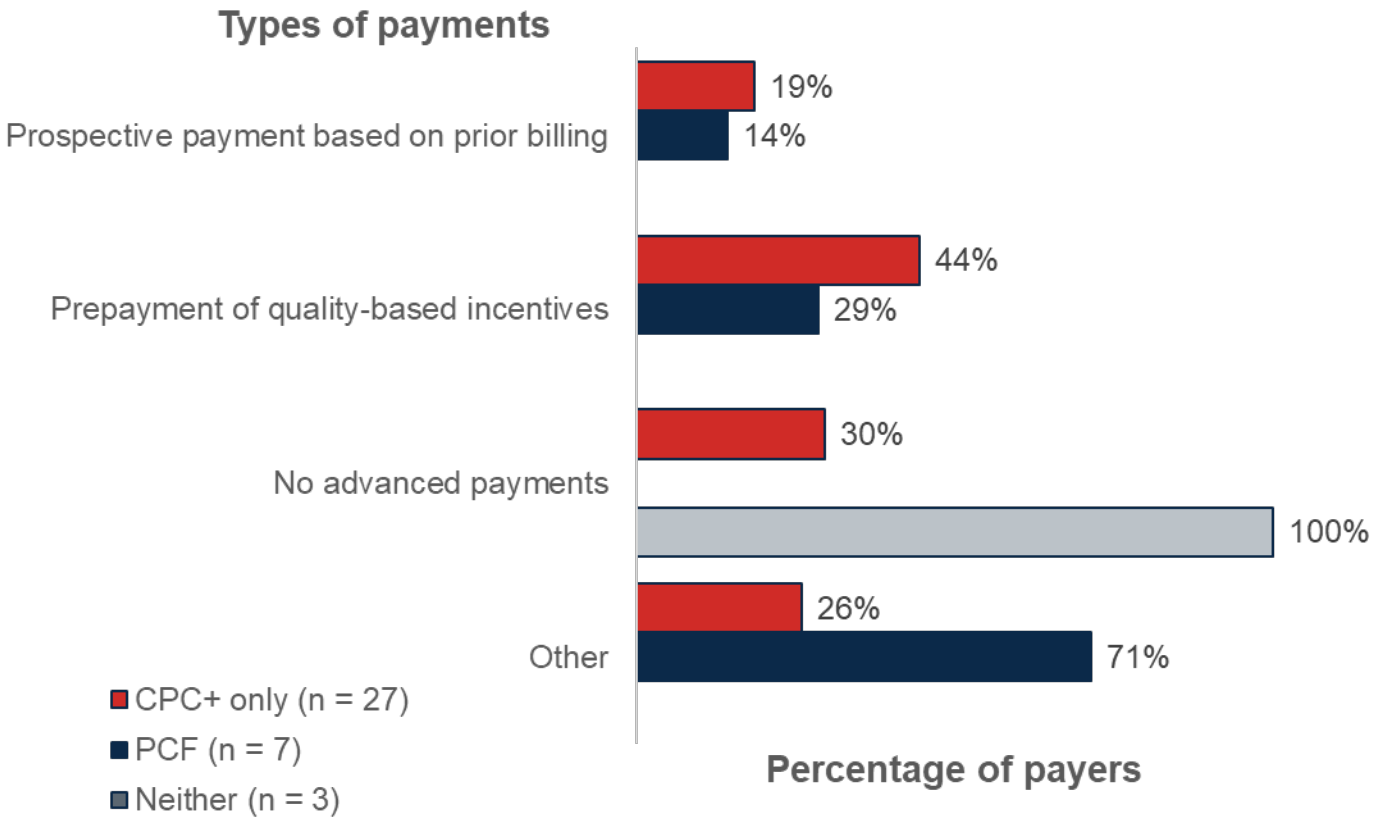
# Telehealth policies and supports often vary across lines of business, and their permanency is unclear




- **More than half of (21) payers have differences in telehealth payments by lines of business (see supplemental tables).**
  - 12 (48 percent) of non-profit payers
  - 9 (82 percent) of for-profit payers
  - Often caused by expansions in coverage (in self-insured plans, for new types of telehealth) or tied to public health emergencies or regulatory mandates
- **Examples of how policies or supports vary:**
  - Some pre-pandemic investments were accelerated because of COVID-19
  - Some supports rely on external (time-limited) funding
  - Longevity might be influenced by amount of telehealth uptake

# Payments to primary care practices and other supports

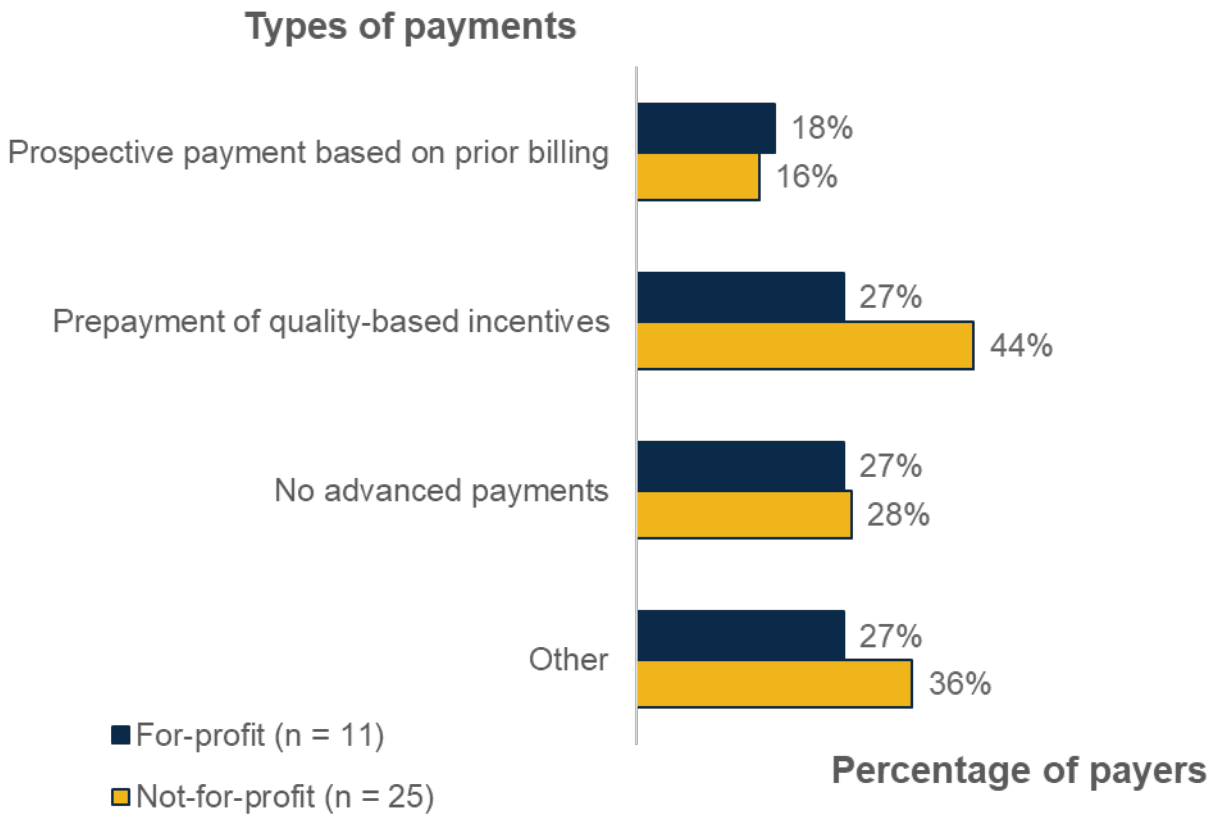
# Most payers offer advanced or accelerated payments to primary care practices




- **Half of payers (19) offer just one type of advanced or accelerated payment (see supplemental tables).**
- **Other types of payments offered:**
  - Prospective payments for certain items (care coordination fees)
  - Additional payments to account for COVID-19 difficulties, sometimes targeting certain types of providers (pediatric practices, oral health)
  - Loans

*Note:* One CPC+ payer did not respond to this question.

# More not-for-profit payers than for-profit payers prepay primary care practices for quality-based incentives




- **Minimal differences in availability of other types of advanced or accelerated payments**

*Note:* One for-profit payer did not respond to this question.

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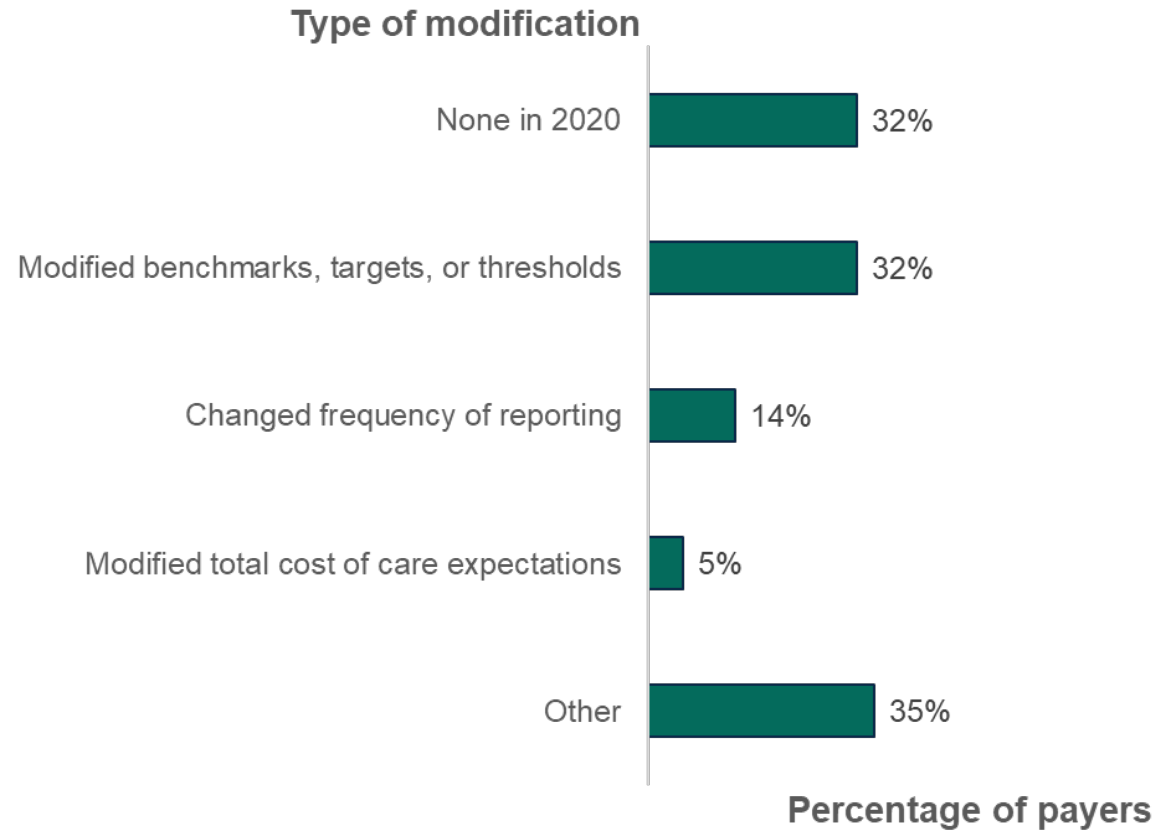
# Most payers have modified quality reporting requirements

## Examples of other responses:

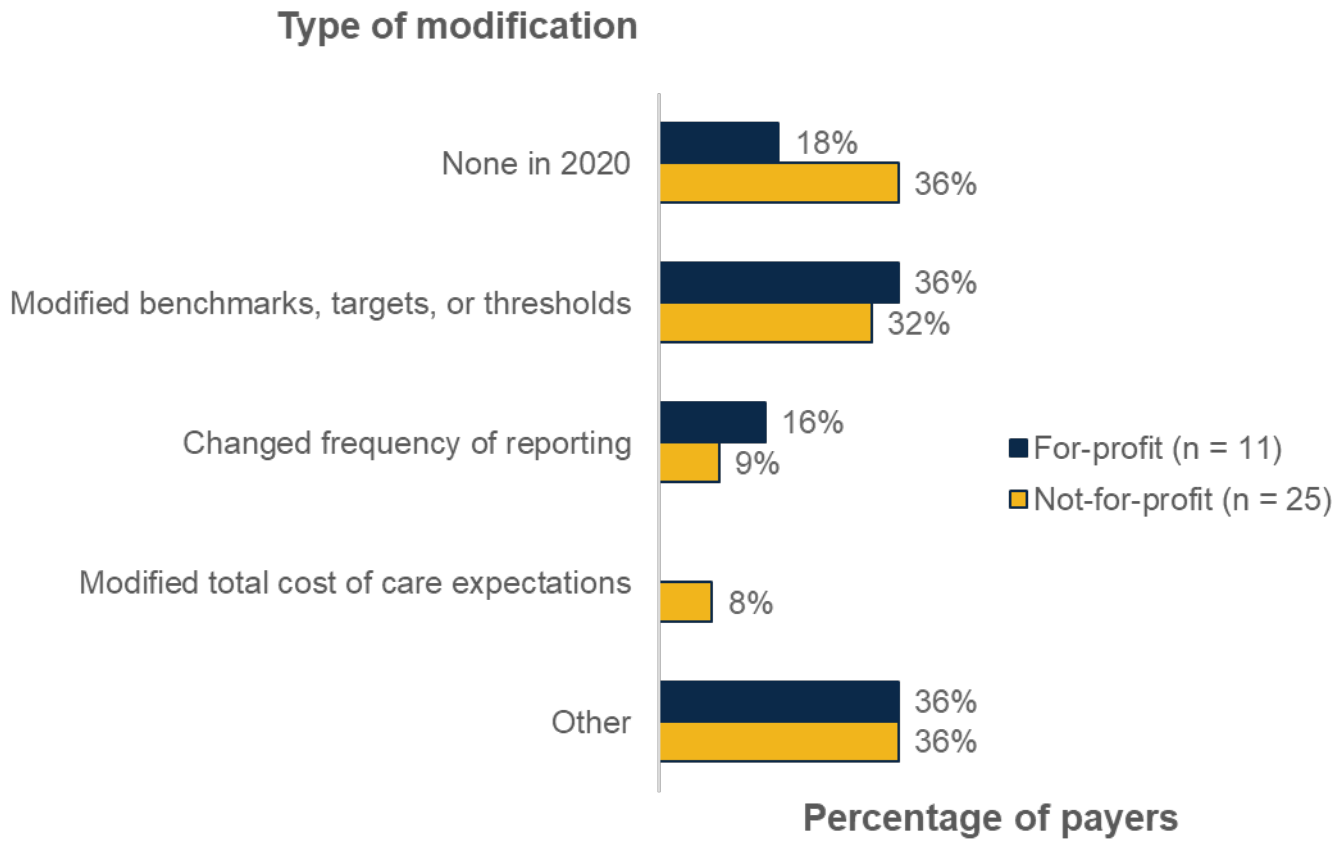
- Waiving quality reporting requirements or ratings in 2020
- Selecting the "better of" impacted quality measures, sometimes based on prior years' performance
- Considering or planning to update requirements in the future




*Note:* One payer did not respond to this question.

# More for-profit payers reported modifying quality reporting requirements, compared to not-for-profit payers

- **Over two-thirds of not-for-profit payers have not modified 2020 quality reporting requirements**
  - Less than one-quarter of for-profit payers reported no modifications
- **Only one payer (not-for-profit) modified total cost of care expectations**




*Note:* One for-profit payer did not respond to this question.

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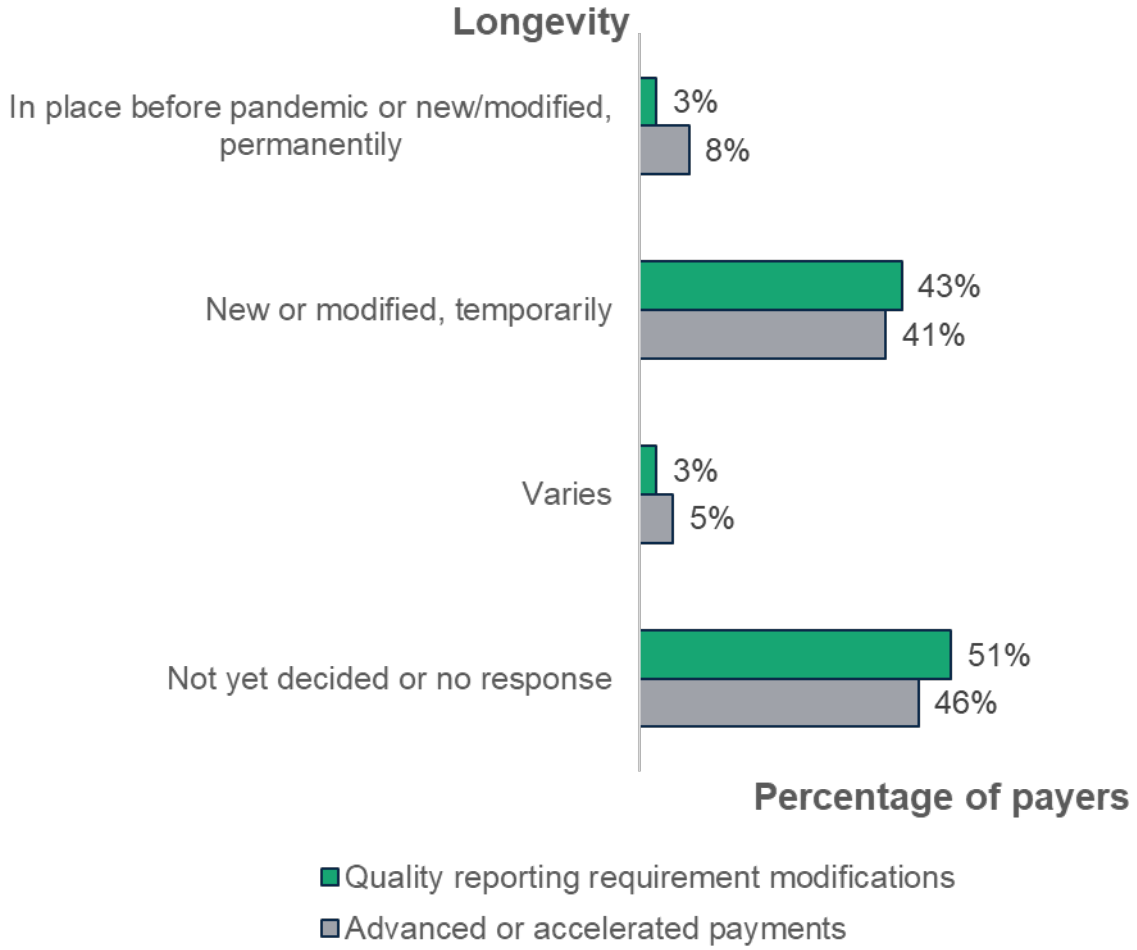
# Advanced and accelerated payments and quality reporting modifications are likely temporary




- **There were few differences in policies across lines of business (see supplemental tables).**
  - Advanced or accelerated payments: 6 payers (16 percent)
  - Quality reporting requirement modifications: 8 payers (22 percent)
- **Multiple payers noted differences in requirements can be driven by state or federal regulations**

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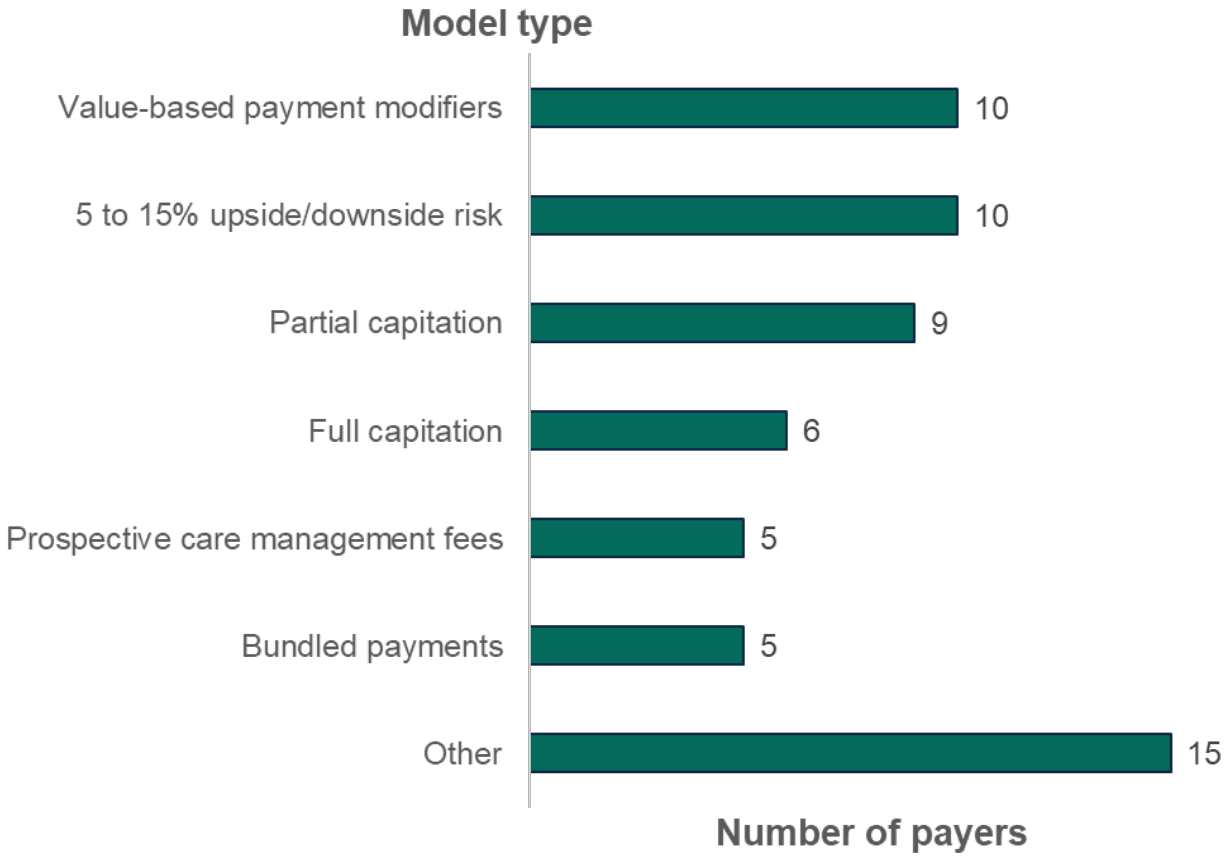
# Most payers are expanding opportunities for primary care providers to participate in alternative payment models

- **Half of payers (19) offer only one model type (see supplemental tables).**
  - Six payers offer three or more.
- **Examples of other models:**
  - Partial capitation and two-sided risk (under development)
  - Integrated collaborative care program for behavioral and physical health (pilot)

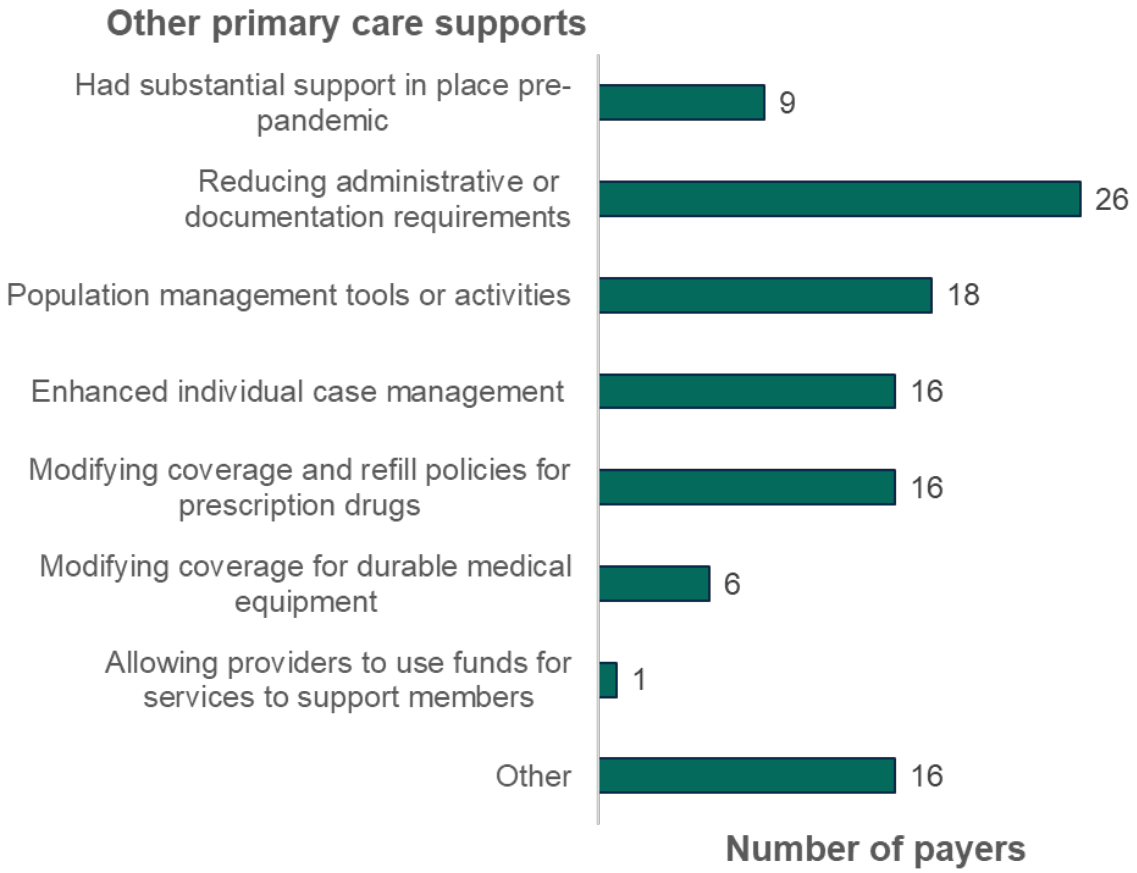



*Note:* Four payers did not respond to this question.

# Examples of ways payers are expanding access to alternative payment models

- Encouraging provider participation (targeted outreach)
- Adjusting program policies (reduced minimum patient threshold)
- Gradually increasing benchmarks and levels of risk

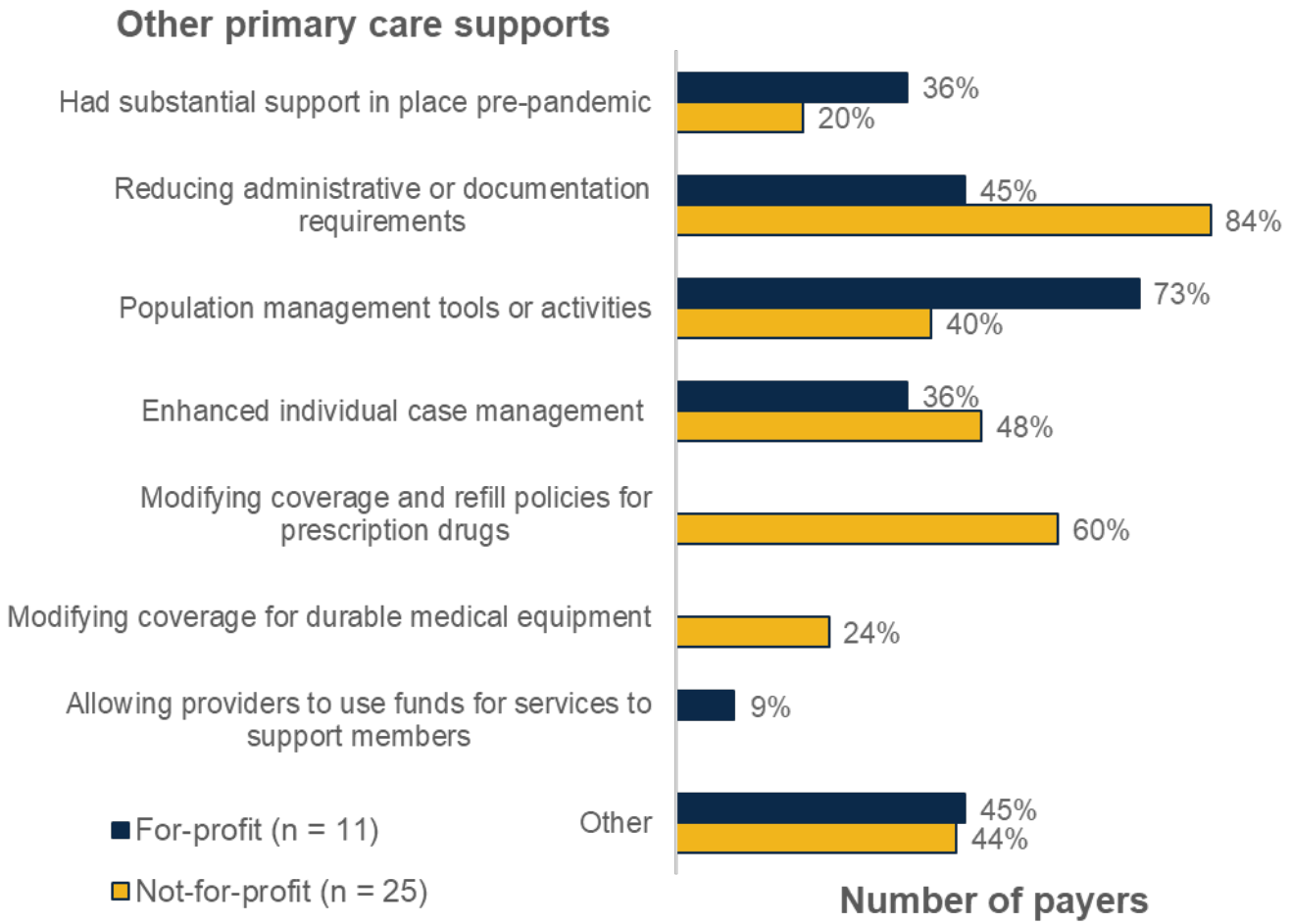
# Most practices are also offering other primary care supports




## Examples of other supports:

- Waiving prior authorization requirements
- Analytics (COVID-19 predictive modeling)
- Community supports (frontline social services)
- Supplying personal protective equipment

# Availability of other primary care support vary between for-profit and not-for-profit payers




## More not-for-profit payers:

- Reduce administrative or documentation requirements
- Modify coverage and refill policies for prescription drugs
- Modify coverage for durable medical equipment
- Offer enhanced individual case management

## More for-profit payers:

- Offer population management support tools or activities
- Had substantial support in place pre-pandemic

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# Payers who have increased additional supports during the pandemic usually offer more than one

- **26 payers, or 70 percent, offer between two and four supports.**
- **5 payers offer four or more supports.**


*Note:* Does not include two payers: one who only indicated having substantial support in place pre-pandemic and a second who indicated not offering any additional supports. (See supplemental tables.)

# Barriers, facilitators, and evidence of success

# Factors facilitating policies or supports for primary care practices during the pandemic

- Actions of state and federal regulatory agencies
- Internal leadership and values
- Investment in technology, education, and innovation
- Organizational flexibility

# Actions of state and federal regulatory agencies

- One-third of payers (13) mentioned state and federal policies, mandates, and guidance that provided new options and flexibility, including the following:
  - Updates to CMS billing regulations
  - State Medicaid policies
  - Medicaid 1115 waivers
  - Disaster relief State Plan Amendments
  - Enhanced federal match
  - Governor approvals
  - State mandates
  - Communication protocols and guidance documents

> *"We have been able to leverage waivers and other operational infrastructure to target certain areas in support of providers during the pandemic"*

# Internal leadership and values

- 8 payers described being committed to supporting primary care and the steps their teams took given that focus.

*"...having internal meetings daily to discuss the outbreak and impact to our market and member population"*

*"[Our organization] values the importance of a strong primary care provider base and is deeply committed to supporting their success in effective, efficient, high-value care"*

*"Organizational commitment to support practices financially...to protect viability of the provider network"*

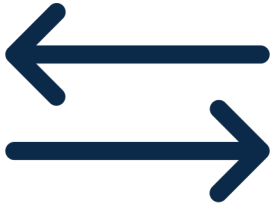
# Investment in technology, education, and innovation

- 8 payers leveraged previous investments and internal expertise when addressing challenges introduced by COVID-19, including the following:
  - Policies for telehealth and virtual care
  - Mechanisms for provider education
  - Value-based contracts and pay-for-performance models
  - Being a tech-enabled organization

*"...our organization was already focused on innovative solutions, such as enhancing telehealth services and other quality programs, before the pandemic"*

*"Already set up for telehealth & education on COVID, created provider resources online provider portal"*

# Organizational flexibility



- 4 payers cited their ability to be quick and nimble in their responses to the pandemic as factors in their success.

*"Enterprise flexibilities based on identified need or at provider request"*

*"Our leadership was quick to act and make changes to ensure the continued success of providers"*

# Other cited influencing factors

- Feeling an obligation to act
- Collaborating with other public and private-sector payers
- Using analytics and dashboards for decision making and monitoring
- Being health system or provider owned

*"With never experiencing pandemic, we were open to supporting the practices when face to face visits were limited. We have been excited about the potential for telehealth expansion and hope to keep this as an option post pandemic. "*

# Difficulties encountered

8 payers indicated that they encountered no difficulties. The most commonly cited difficulties among the remaining 23 organizations who responded were the following:

- Securing required time and resources
- Ever-changing environments
- Need to respond quickly
- Financial and other long-term impacts

# Securing required time and resources

- 6 payers mentioned challenges in determining and implementing policies and supports, including the following:
  - Defining billing policies
  - Updating software
  - Overriding operational restrictions
  - Renewing contracts (required before issuing guidance)
  - Identifying which providers need support

*"In order to ensure the additional funding we allocated was preferentially directed to PCP's/groups that remained open and available for patient care throughout the pandemic, we requested practices submit an application designed to provide us with insights into the current situation at the individual practice level"*

# Ever-changing environments

- 5 payers highlighted that uncertainty and ongoing evolution of the pandemic response complicated their efforts.

*"Especially at the start of the pandemic we needed to update policies almost weekly to adapt to the higher level changes. We overcame that by creating a devoted team to the policies that acted quickly and efficiently to each change."*

*"The uncertainty surrounding the pandemic for both us and the providers has been a challenge."*

# Need to respond quickly

- 3 payers mentioned a sense of urgency in reacting to:
  - Provider needs
  - Constantly changing federal and state guidelines

*"Our challenges included: Quickly responding to the needs of providers despite the breadth and complexity of our enterprise. Dealing with a very rapidly changing environment. We dealt with these by engaging our teams with a central focus on provider sustainability and continuity of care"*

# Financial and other long-term impacts

- 3 payers noted concerns about the pandemic's effects on both their organization and the providers in their network.

*"It was challenging to understand the financial exposure which is critical in uncertain times…[our organization] was able to overcome this by instituting policies for periods of time. As experience emerged, we were able to continue to monitor it and had the ability to adjust and make adjustments as appropriate."*

*"…we will need to assess the impact of the pandemic on provider capabilities and the PCMH program's quality and cost measurement framework. We may need to modify some programmatic areas to account for long term impacts and needed revisions."*

# Other cited difficulties

- Providers' concerns and resistance
- Transitioning to a remote work environment
- Ensuring quality of virtual services

*"Some provider groups felt they would be disadvantaged with a preset dollar even though [their] visit volume decreased. This was difficult to message and prove them incorrect."*

*"...want to ensure telehealth visits achieve the same level or greater of quality as in person visits. This will require the deployment of more sophisticated equipment for the patient to use (ie. capturing data) and share with the provider. The case needs to be made that telehealth is more than just for convenience."*

# Observed impacts of payers' policies or supports on primary care practices

Protected providers, practices, and network

New or expanded use of telehealth

Provider appreciation

# Protected providers, practices, and network

- 9 payers noted how their policies and supports bolstered primary care:
  - Keeping providers and patients safe
  - Helping practices stay open
  - Maintaining members' access to care
  - Fewer "no show" patients
  - Sustained or improved cashflow

*"Clinics have been able to keep the doors open and provide care for our members. Without some of the changes, some [clinics] would not have been able to hang on"*

*"The biggest impact is that ability to continue to serve our members during this time through financial support and telehealth"*

# New or expanded use of telehealth

- 8 payers cited substantial increases in telehealth services.

> *"Telehealth increased over 3000%. Almost no telehealth to 80,000+ visits"*

> *"We expect more and more PCPs to adopt full telemedicine post-pandemic"*

# Provider appreciation

- 5 payers described receiving positive feedback from providers about the actions taken and supports offered.

*"We have received great feedback from PCPs on how quickly we modified our telemedicine policies, specifically around the reimbursement for telephone only services"*

*"We have just heard back from those we have supported that it was extremely helpful during this difficult time"*

# Other observed impacts

- Increased provider support for and openness to alternative payment approaches
- Maintained or improved quality ratings
- Reduced administrative burden
- Greater flexibility for providers
- Continued compliance with government regulations

*"Stars quality metrics maintained or improved despite large number of missing primary care visits; appreciation for capitated model; more openness to discussing what the Plan can do to support practices and members."*

# Ways payers address health equity and disparities in primary care

Programs, initiatives, and task forces

Provider education, training, and tools

Only 18 payers responded to this question, as it and the other two questions in Section 5 were accidently missing from SurveyMonkey version when the survey was first distributed.

# Programs, initiatives, and task forces

- 9 payers mentioned establishing or contributing to targeted efforts to reduce disparities, address social determinants of health, and better serve vulnerable populations.
- Examples include the following:
  - A "minority strikeforce" focused on COVID-19
  - A pilot program focused on care delivery targeting social determinants of health
  - An integrated collaborative care program for behavioral and physical health
  - Alternative payment model requirements

*"For primary care specifically, [we are] considering interventions related to disparities and health equity as part of our primary care alternative payment model practice requirements (e.g. working with community health workers, social health needs assessments).*

# Provider education, training, and tools

- 4 payers mentioned developing and offering providers supports to improve equity among their patients.

*"By enabling broad-based access to software which supports improved clinical decision-making and standardizes clinical delivery across PCPs via bidirectional data sharing"*

*"[We are] committed to equity and treating all patients and families with care and respect. We include this important focus in our provider communications and training."*

# Other approaches to addressing equity and disparities

- Updating payments, policies, and requirements
- Leveraging community health workers
- Collaboration and community engagement
- Targeted case management

*"Culturally specific care, including traditional health workers, is supported in payment with changes underway to increase access particularly in tribal communities…Community-driven decision-making and building authentic and symbiotic relationships with community partners and stakeholders…"*

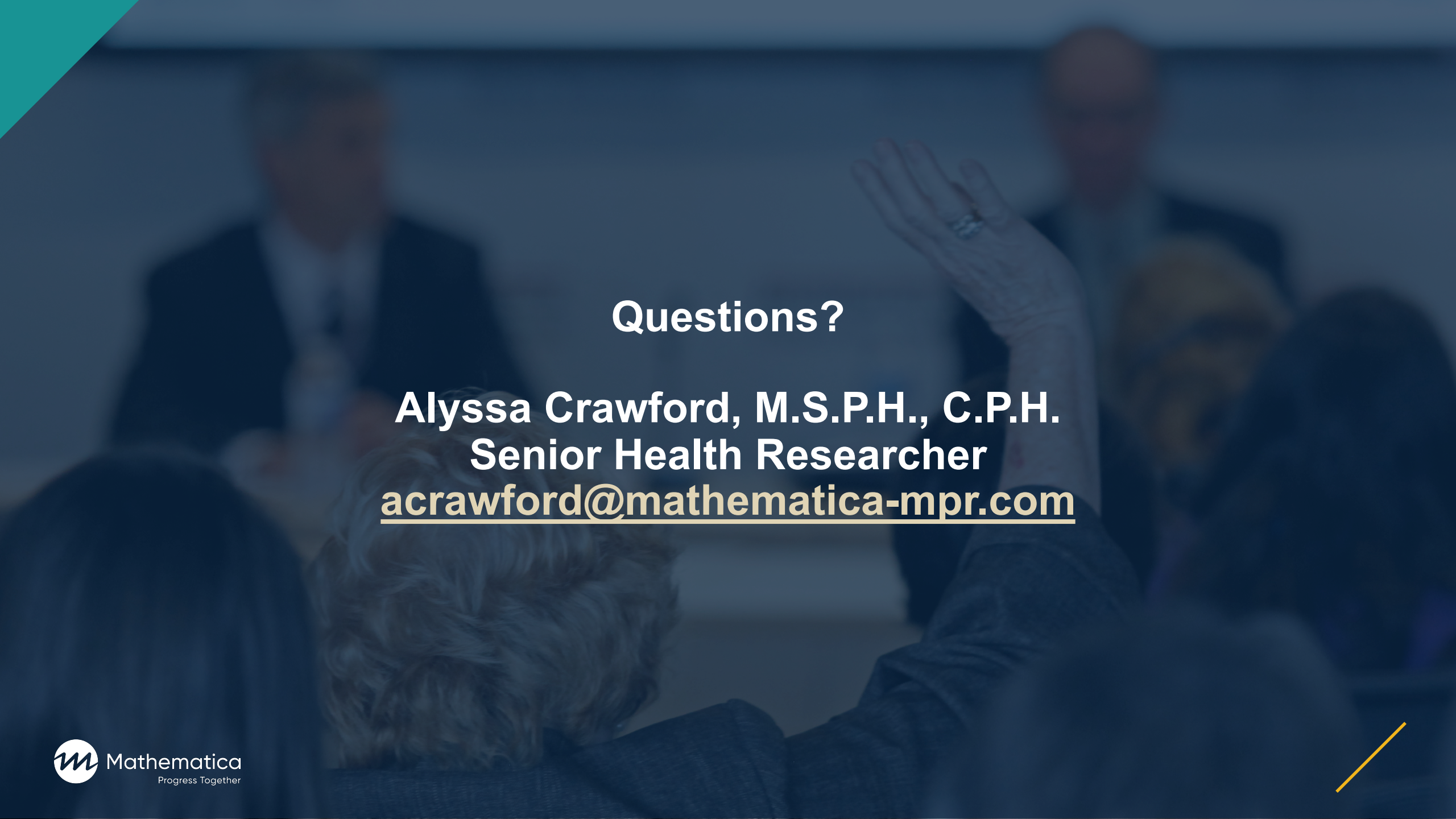
# Implications and next steps

# Implications

- **Payers are employing myriad approaches to support primary care practices during the COVID-19 pandemic.**
  - The long-term impacts on payers and practices is not yet clear.
- **New or modified policies and supports accelerated the adoption of telehealth and alternative payment models.**
  - It could take time for some telehealth services to achieve wide-spread adoption, especially services previously prohibited by regulation (for instance, non-HIPAA compliant video).
- **Whether trends continue could depend on the degree to which policies and supports are sustained after the pandemic.**

# Potential next steps

- **Acknowledge and celebrate success to sustain efforts.**
- **Take a deeper dive into topics of shared interest such as the following:**
  - Commonly cited barriers and their solutions
  - Identifying and targeting providers in greatest need
  - Administering advanced and accelerated payments
  - Promising approaches to advancing health equity
- **Communicate insights to various stakeholders (including payers) to encourage further action.**



# Questions?

**Alyssa Crawford, M.S.P.H., C.P.H.**
**Senior Health Researcher**
**acrawford@mathematica-mpr.com**

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