

The State of Delaware

Highmark Non-Medicare Virtual Health Program – Enhancement Proposal

SEBC Meeting

October 28, 2024

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Summary

Telemedicine for Highmark plan participants

- Currently, the State of Delaware utilizes the Well360 Virtual Health program for telemedicine for those members with a Highmark health plan, which includes acute/urgent care and behavioral health services
 - There is an administrative fee per-employee-per-month (PEPM) and a “per claim” charge when the service is utilized by a member
- As part of the annual contract review with Highmark, enhancements to this Well360 Virtual Health program were proposed to the SBO, which were presented to the Health Policy & Planning Subcommittee in September and October:
 - There is now the ability for the State to offer virtual primary care, women’s health, and/or dermatology utilizing the same cost methodology, meaning the same administrative fee per-employee-per-month (PEPM) and a “per claim” charge when these new services are utilized by a member
- The following slides provide additional information on what is available today and what is new with these enhancements

What is available today through the Well360 program

- The Well360 Virtual Health program is available to all members who are covered under a Highmark State of Delaware non-Medicare Health Plan
- This includes:
 - Acute/Urgent care for minor illnesses and injuries when:
 - Members’ primary care doctors’ offices are closed
 - Members are unable to get an appointment immediately
 - Members are away from home
 - Behavioral Health
- Members in the Comprehensive PPO pay \$0 copay per visit for acute issues and behavioral health services, whereas members in the First State Basic plan pay 10% coinsurance after the deductible for these services

Visit type	Pricing <i>Costs are “per Claim” and reflect gross cost (before member cost sharing) unless otherwise noted</i>
Administrative Fee	\$0.65 PEPM
Acute/Urgent Care	\$64
Behavioral Health	Therapy (Master’s Level): \$90 Therapy (Doctorate Level): \$115 Psychiatry (Initial Visit): \$250 Psychiatry (Follow-up Visit, 15 minutes or 30 minutes): \$95 or \$169, respectively

Pricing for Well360 Virtual Health enhancements

- The enhancements now offer virtual health options in primary care, women’s health, and dermatology
- This includes the following for these service types:
 - Expanded access to care, with more options to schedule
 - Diagnosis, treatment, and prescription medications for a broad array of health issues
 - Faster access to care with lower wait times than some community providers

Visit type	Enhancement Option Pricing
<i>Costs are “per Claim” and reflect gross cost (before member cost sharing) unless otherwise noted</i>	
Administrative Fee	\$0.65 PEPM (in place today and does not change)
Primary Care	\$75
Women’s Health	Lactation (Initial Visit ~50 minutes): \$115 Lactation (Follow-Up Visit ~25 minutes): \$69 Medical/Urgent Care: \$64 Therapy (Master’s Level): \$90 Therapy (Doctorate Level): \$115
Dermatology	\$95

At this time, adding dermatology would align Highmark’s telemedicine offering with Aetna’s, and the other services would differentiate Highmark from Aetna

Utilization statistics / expected costs

- Highmark has provided an estimate of net savings ranging from \$0.3M to \$0.6M annually if all three enhancements are implemented
 - Based on Highmark's actuarial analyses, matched group studies and historical client-specific experience
 - Assumed 3% to 5% of visits for these services migrate from in-person care to a virtual setting
 - Per Highmark, actual utilization and savings for the State may be different and depend on factors that may change from year to year
 - Savings are not guaranteed
- The impact of adding virtual health services is still being studied by various parties across the healthcare sector
 - Anecdotally, the addition of virtual health services can lead to higher utilization and cost
 - Savings estimates vary by numerous factors including the type of virtual service provided, utilization, member demographics, etc.
 - Based on Highmark's estimated utilization of virtual services at 3%-5% of total visits, adding all three enhanced services could add \$0.2M to \$0.3M to the State's annual net cost, prior to factoring in any potential savings
 - This cost estimate includes the net claims cost to the plan (after member cost sharing) and assumes the State is already paying the \$0.65 PEPM administrative fee for the current Well360 Virtual Health services

Follow up from the September Subcommittee meeting

Highmark has provided additional information for consideration as a result of September's discussion with the Health Policy and Planning Subcommittee:

Follow up	Additional details
Implementation timing	<ul style="list-style-type: none">• The timing was confirmed with Highmark to be 90 days
Communications and associated costs	<ul style="list-style-type: none">• The overall message cannot be customized• What can be customized?<ul style="list-style-type: none">• The plan of how they reach out to your members• They can include the State's logo• The only cost would be for the postage for direct mail/postcards
Additional research	<ul style="list-style-type: none">• Amwell does not have any 3rd party research that they have made directly available to Highmark demonstrating the effectiveness of telemedicine versus in-person care. However, there are multiple 3rd party studies available publicly that do speak to the clinical viability of virtual vs in-person care on matters such as diagnostic accuracy, quality of care, patient experience, and process outcomes.
Ability to negotiate the admin fee	<ul style="list-style-type: none">• The admin fee is not negotiable and is market competitive

Open items from the October Subcommittee meeting

- Additional questions from the Health Policy and Planning Subcommittee were raised at the October meeting and are being researched further:
 - What is the prevalence of virtual visits that are referred to an in-person provider for Highmark Well360 and Aetna/Teladoc services?
 - What percentage of GHIP members who had a virtual visit would then go to an in-person provider for the same type of service for Highmark Well360 and Aetna/Teladoc?
 - Since virtual dermatology services are already in place for Aetna members, is there any GHIP-specific data available on the efficacy of Aetna's virtual dermatology program and the number of referrals from the program to an in-person dermatologist?
- Subcommittee members also discussed including metrics for performance of the virtual health program, including utilization targets, in any recommendation to the SEBC
- The SBO and WTW will engage with Highmark on these additional questions and proposed performance metrics, and will circulate responses from Highmark with the Health Policy & Planning Subcommittee in advance of the next meeting on November 18th

Next steps

- Health Policy & Planning Subcommittee follow up questions to be reviewed and discussed in November
- Health Policy & Planning Subcommittee to make a recommendation to the SEBC on whether to expand the current Well360 Virtual Health offering to include any additional enhancements for Highmark members
- If recommended to the SEBC, the SEBC to vote at the November 25th meeting