

COVID-19 DIGITAL LISTENING for the

# MEDICARE INDUSTRY

*Direct-from-Beneficiary Insights and Competitor Trends*

3.20 – 3.23 BRIEFING

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MARKETBRIDGE



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**Note:** MarketBridge is directing a portion of its digital listening platform and analyst capacity to listening for digital commentary in the Medicare population—one of the most vulnerable groups—during this outbreak. This briefing focuses on the actions Health Payers are taking, how agents are servicing and supporting members, and what members are saying to help inform Health Payer response to this crisis.

The outbreak is moving quickly, and much of the commentary in this briefing will fall rapidly out of date. We will continue to update and provide these briefings on a regular basis for the foreseeable future.

If there are any questions on the attached, please contact Bill Sheldon at [bsheldon@market-bridge.com](mailto:bsheldon@market-bridge.com). Please stay healthy and safe.

# Health Payer Updates Related to Coronavirus

As of March 23, 2020

UHC	ANTHEM BCBS	HUMANA	AETNA	KAISER PERMANENTE	CIGNA
<ul style="list-style-type: none"><li>• Waived telehealth costs with any of its partner platforms (previously encouraged use of telehealth)</li><li>• Deploying <u>home-based care management tool</u> for highest-risk members</li></ul>	<ul style="list-style-type: none"><li>• BCBS of CA launched a <u>digital tool</u> that hospitals can build into their websites to “assist patients in navigating their symptoms and in seeking out information about the virus”</li></ul>	<ul style="list-style-type: none"><li>• No new updates</li></ul>			
OSCAR	BRIGHT HEALTH		DEVOTED HEALTH		CLOVER HEALTH
<ul style="list-style-type: none"><li>• No new updates</li></ul>	<ul style="list-style-type: none"><li>• No new updates</li></ul>		<ul style="list-style-type: none"><li>• No new updates</li></ul>		<ul style="list-style-type: none"><li>• No new updates</li></ul>

# Agent Conversations Related to Coronavirus

As of March 23, 2020

## TRENDS TO ADDRESS

- Agents need regular communication to navigate changing situation
- Questions have surfaced about Telemedicine
- Agents are trying to navigate switching to phone appointments and e-applications (vs. F2F appointments)
- Agents are looking to/working to open new outreach channels
  - Auto dialers
  - Video use
  - SMS

**“I also think the IMO could have addressed this issue for agents a bit better. Maybe provided more tips. The only thing they have said on Monday was to proceed as usual but to offer a telesales approach if the prospect asked but not to lead with it. I suppose since Wednesday/Thursday things have definitely changed. And I personally feel like we should have been meeting daily this week vs usual once a week.”**

“I am, like Kgmom looking for what **rules for telemedicine may have changed since the announcement on Monday**...The hold time on the line for one of our local telemedicine providers that contracts with carriers and also takes individual enrollments is now 3 hours, just tried this afternoon since I have a client that could use the option”

“I only have 2 carriers that accept remote signature. I may need to contract with other carriers outside my IMO list of carriers.”

“A lot of those with e-app require them to be conducted face to face. SNL is just now trying to set up a system where you can use their eapp over the phone.”

“Most insurance providers have an e-app. Not saying all, but enough that you don't have to go into someone's home right now. If you want to work, I'd reach out to old leads that didn't buy and reconnect. It's cheaper and warmer than a FB lead.”

“Out of the many people I called/door knocked, Only 3 flat out said they didn't want to meet because of the news of the pandemic/their health. 1 of which I got to do a phone consult or whatever you call it...I door knocked until .... well the governor closed down the businesses - today.”

“I had one potential client on Monday who really wants to see someone in person, but I think in a short time, they will change that idea. My Wednesday preset in person appt, texted me in the morning to change to phone, and our area has a growing number of Corona cases. I was dreading asking to make it phone, but client beat me to it. Whew! The trend is online and phone, it seems.”

“For example, @HoosierLife has been encouraging his agents to purchase the less expensive state-wide FB leads and to pursue telesales. That's a smart move.”

- Response from @HoosierLife:“Yeah I had to build out a fledgling telesales platform basically overnight...Nothing close to their platform, but I've got a Dialer with sms, email drip campaigns and automations built in when the agent dispositions the call. Video training for our agents as well on how to set it up and operate.”

“Really WHY, no one should be out doing, ftf meeting, if you are doing those things you are just stupid....”

# Senior Audience Conversations Related to Coronavirus

As of March 23, 2020

## Older adults are confused about what insurers will cover related to the virus

- “The copay on TESTING for COVID19 is waived -- not on any other treatment that may be required such as office visit, hospitalization, drugs, etc. Most providers are also screening for flu, pneumonia, strep before testing for COVID19 -- those charges are not covered with no cost share.”

Responses:

- “Oooh good point and one I had not thought of.”
- “Does the fine print say “only if medically necessary”? For the testing? I can see insurers saying oh the test is neg, it wasn’t medically necessary after all so we won’t pay”
- “Health insurance will do or twist anything to get out of paying.”

## High-risk older adults are particularly concerned about contracting the virus

- “I am diabetic and I usually follow my diet so well, and tonight I really blew it BIG TIME. So maybe that's why I'm freaking out. But maybe I mindlessly blew my diet tonight is because I was already subconsciously so upset.”
- “My husband and I are considered very high risk so we really need to stay home. Well, I tried to even order some dry beans online and even that is all sold out, there simply is nothing. Each day the store opens and they are lined up at the door all the way to the road. We must order online and get it delivered but now delivery is over a week out and by the time they pull an order the shelves are bare of the little they got in that day.”
- “Where do I even start with this? I lost my job last year and due to my age and underlying health issues...I am freaking terrified and I’m more scared of having to go to a hospital than I am of getting the virus but with my age and health issues there’s no doubt in my mind I’d need a ventilator if I get ill and instead I’ll probably die because if they need to make a choice I’m out and I can’t pay out of pocket.”

# Medicare News Related to Coronavirus

As of March 23, 2020

## **CMS EXPANDS TELEHEALTH FOR SENIORS**

- All seniors to have access to telehealth options
- Previously, Medicare beneficiaries could only access telehealth services for routine check-ins

## **CONGRESS LIKELY TO SUSPEND MEDICARE SEQUESTER**

- Although not yet final, suspending the Medicare sequester, which reduced spending for most benefits by 2% starting in 2013, would be suspended from May 1 to December 31, 2020
- The draft package would also temporarily waive requirements that home dialysis patients conduct visits with their doctor face-to-face
- “The draft text would also allow the HHS secretary to develop and implement a new payment rule for federally qualified health centers and rural health clinics that provide telehealth services to eligible patients”

## **HOME HEALTH PROVIDERS ASK FOR FLEXIBILITY**

- In order to properly serve COVID patients at home, agencies are asking CMS to allow for provisions that would provide greater flexibility related to the ‘homebound requirement’
- As the rule stands, the program only covers home health services if the patient is homebound; this rule would prohibit home healthcare providers from treating most people who contract the virus
- Home health providers are also asking Medicare to cover telehealth visits beyond what is currently covered (remote monitoring to “augment the care planning process”)

## **HHS MAY DELAY COST SHARING RULES**

- Policymakers are considering delaying the timeline for which providers, payers and health IT vendors would have to implement data-sharing regulations
- Committee members are worried the upcoming requirements may “inadvertently pull people off important pandemic work”

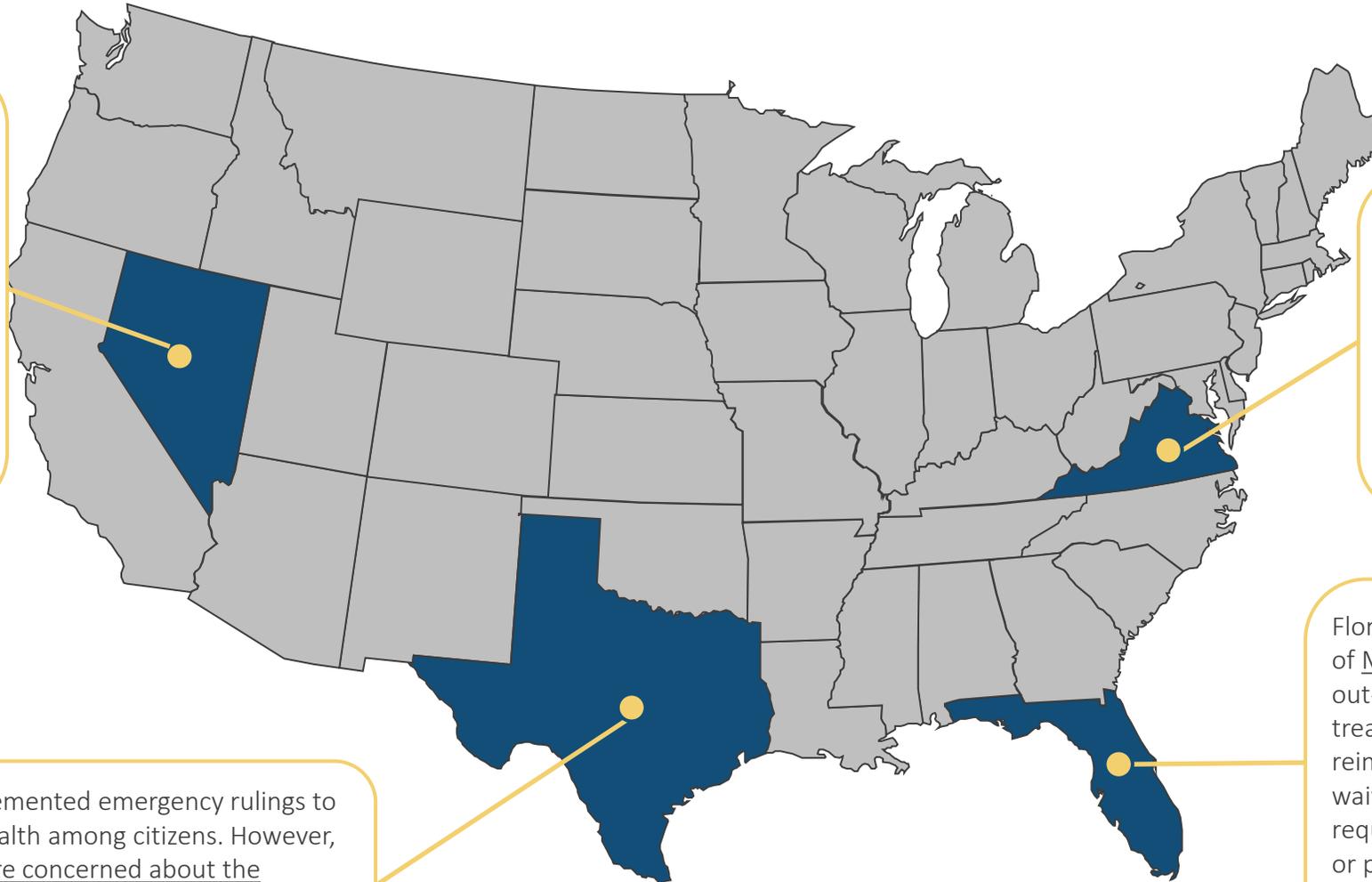
## **CMS WAIVING REPORTING EXEMPTIONS FOR MEDICARE PAYMENT PROGRAMS**

- For providers and hospitals participating in Medicare quality programs, reporting requirements and data submissions will be waived or extended
- Aim is to reduce the administrative burden on healthcare workers

# Coronavirus Updates by Geography

As of March 23, 2020

Healthcare Partners Nevada launched a free, downloadable app to help detect COVID symptoms for its high-risk myGeneration Senior Clinic patients. Vital signs are monitored remotely and if symptoms suggest COVID, patients will be contacted by video conference for further evaluation.



CMS is warning Medicare beneficiaries to be cautious of Coronavirus related scams. Scammers are promising Coronavirus testing, masks or other items, in exchange for one's Medicare number. In Virginia, scammers are posing as church clergy members asking for money or gift cards, via email.

Florida is the first state to take advantage of Medicaid flexibility – authority to use out-of-state providers and hospitals to treat Medicaid patients and qualify for reimbursement. Also, the government will waive “30 days pre-admission screening requirements for nursing-home placement or placement in institutions for people with developmental disabilities.”

In Texas, the Governor implemented emergency rulings to encourage the use of telehealth among citizens. However, consumers and advocates are concerned about the confusion and misinformation (some, sourcing from insurance customer service reps) about if an insurer will pay for telehealth care, and *which* services will be covered.

# Appendix

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# Health Payer Updates Related to Coronavirus

As of March 17, 2020

UHC	ANTHEM BCBS	AETNA	KAISER PERMANENTE	CIGNA
<ul style="list-style-type: none"><li>• Waived cost sharing for testing</li><li>• Encouraging use of telehealth</li><li>• Free access to emotional phone support</li></ul>	<ul style="list-style-type: none"><li>• Waived cost sharing for testing</li><li>• Waived telehealth costs (including mental health visits) during next 90 days</li><li>• Waived early medication refill limits to 90 days</li><li>• Accelerating access to Coronavirus Assessment via Anthem Mobile App</li></ul>	<ul style="list-style-type: none"><li>• Waived cost sharing for testing</li><li>• \$0 copays for telehealth visits during next 90 days</li><li>• Waived fees for mail-order service of drugs</li></ul>	<ul style="list-style-type: none"><li>• Waived cost sharing for testing</li><li>• Encouraging use of telehealth</li></ul>	<ul style="list-style-type: none"><li>• Waived cost sharing for testing</li><li>• Waived cost sharing for telehealth screenings</li><li>• Free home delivery of up to a 90-day supply for drugs</li><li>• Offering supportive resources for anyone to help manage anxiety</li></ul>
OSCAR	BRIGHT HEALTH			
<ul style="list-style-type: none"><li>• Launched first <a href="#">testing center locator</a> – accessible to general public</li><li>• Released at-home risk assessment survey</li><li>• \$0 telemedicine calls</li></ul>	<ul style="list-style-type: none"><li>• Waived cost sharing for testing, regardless of network</li><li>• Authorized early medication refills</li><li>• 100% coverage of telehealth costs</li><li>• Waived ride limits, increased availability of non-emergent transportation</li></ul>			

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