MILLIMAN BRIEF

Leveraging health plan medical management teams during the COVID-19 pandemic

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The COVID-19 pandemic has the potential to significantly disrupt and challenge the healthcare delivery system, including health payers. It also presents opportunities for payers to leverage internal resources and deliver value for their provider partners and customers. This brief highlights some areas where a health plan's medical management team may contribute to the response.

Situation

As the COVID-19 pandemic rapidly evolves, the country's healthcare delivery system is facing unprecedented challenges. Healthcare facilities see a growing shortage of beds, ventilators, and essential personal protective equipment (PPE), as hospital utilization increases as a result of the virus.[1] In tandem, many healthcare workers are at increased risk for exposure and fatigue and there are reported staff shortages in high-incidence regions.

Federal, state, and regional responses are evolving in ways designed to address health concerns and assist in serving the health needs of the population. The healthcare system is adapting as a result.

Given the domino effect of temporary regulatory waivers and new rules issued by the federal government in response to COVID-19 (see Figure 1), it's "all hands on deck" for the entire healthcare system. Providers across the country are reeling as their intensive care units (ICUs) and emergency departments are overwhelmed by patients[2] even as their specialty surgical clinics are facing the prospect of layoffs due to deferral of services.[3] At the same time, payers are adjusting to employment-related enrollment shocks, changing risk pools, and influxes of inquiries from worried customers.

Traditionally, and with a few well-known exceptions, the U.S. healthcare system is bifurcated into two major types of organizations: those that deliver healthcare services and those that finance or fund the delivery of healthcare services.

There are a few areas where there has been some convergence of these key functions. In particular, the introduction of risk contracts has moved provider organizations closer to the financing end of things and the growth of medical management has moved some payers closer to care delivery. While most payers are careful to avoid the suggestion that they are actively involved in the delivery of healthcare services, the growth of clinically trained personnel within payers presents a unique opportunity to supplement the traditional care delivery system as the nation grapples with this pandemic.

FIGURE 1: COVID-19 WAIVERS, RULES, AND GUIDANCE

Telehealth

CMS Waiver expands use, settings, access to, and payment for telehealth services

Outpatient and Ambulatory Care Settings

CDC issues guidance to preserve supplies and protect healthcare professionals and patients by implementing alternatives to in-person care

Hospital Discharge Planning

CMS Waiver reduces requirements related to post-acute services to help expedite the safe discharge of patients

This brief describes five areas where health plan medical management resources can be adapted to support the COVID-19 response: 1) utilization management, 2) transition of care, 3) care coordination, 4) case management, and 5) communication and coordination.

[1] Kliff, S. et al. (March 26, 2020). There aren't enough ventilators to cope with the coronavirus. New York Times. Retrieved April 14, 2020, from https://www.nytimes.com/2020/03/18/business/coronavirus-ventilator-shortage.html.

[2] Fink, S. (April 4, 2020). 'Code Blue': A Brooklyn ICU fights for each life in a coronavirus surge. New York Times. Retrieved April 14, 2020, from https://www.nytimes.com/2020/04/04/nyregion/coronavirus-hospital-brooklyn.html.

[3] New York Times (April 4, 2020). A mounting casualty of coronavirus crisis: Healthcare jobs. Retrieved April 14, 2020, from https://www.nytimes.com/aponline/2020/04/04/business/ap-us-virus-outbreak-hospital-layoffs.html.

HEALTH PLAN MEDICAL MANAGEMENT RESOURCES

Health plan medical management generally includes utilization management, care management, and population health programs and services. The medical management team—often including nurses, doctors, pharmacists, and other clinical personnel—collectively supports timely access, health promotion, and care coordination for plan members. It requires interdisciplinary collaboration across many stakeholders. For example, the medical management team may coordinate with the hospital, primary care physician, pharmacy, and local services to ensure that a patient with a newly diagnosed heart failure is discharged home with the necessary medications, oxygen supply, follow-up primary care appointments, lab tests, caregiver support, and transportation. In addition, they may take the initiative to provide healthcare education and case management support to empower their enrollees' self-care.

Much of this team's work is already conducted virtually, thus they have the necessary agility to support an increasingly strained healthcare delivery system throughout the unknown and potentially prolonged duration of COVID-19.

Utilization management

Utilization management (UM)[4] helps ensure that plan enrollees receive medically necessary, appropriate, and efficient care, such as acute inpatient or skilled nursing care, medical supplies, diagnostic tests, and specialty medications and services. With the COVID-19 emergency drawing on critical healthcare resources and disrupting routine care delivery, UM resources may be leveraged to support ongoing care and focus on:

- Identifying and directing enrollees to alternate care settings and services (e.g., telemedicine, urgent care, COVID-19 testing sites)
- Expediting new requests for supplies or service
- Extending existing authorizations
- Assisting enrollees impacted by postponements of nonemergency treatments
- Securing needed durable medical equipment and supplies for enrollees, and identifying alternate sources where needed

In recognition of the need to conserve critical healthcare resources and capacity during the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) released updated recommendations to prioritize medical services and treatments and curtail nonemergency elective services and treatment.[5] This guidance impacts both the service providers, whether hospital or outpatient, as well as the patients whose procedures are being postponed. These recommendations are summarized in Figure 2. UM staff can identify and assist enrollees who were receiving or scheduled for Tier 1 and Tier 2 services.

FIGURE 2: TIERED FRAMEWORK FOR NONEMERGENCY ELECTIVE SERVICES AND TREATMENT RECOMMENDATIONS

	Definition	Locations	Examples	Action
Tier 1	**Low acuity treatment**	• Medical office • FQHC/ RHC* • HOPD** • Ambulatory care sites	• Routine primary or specialty care • Preventive care visit/ screening • Annual Wellness or Welcome to Medicare Initial Preventive Visit • Supervised exercise therapy • Acupuncture	Consider postponing service Consider follow-up using telehealth, virtual check-in, or remote monitoring.[6]
Tier 2	**Intermediate Acuity treatment or service** Not providing the service has the potential for increasing morbidity or mortality	• Medical office • FQHC/ RHC* • HOPD** • Ambulatory care sites	• Pediatric vaccinations • Newborn/early childhood care*** • Follow-up visit for management of existing medical or mental/ behavioral health condition • Evaluation of new symptoms for an established patient • Evaluation of nonurgent symptoms consistent with COVID-19	Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary. If no current symptoms of concern, consider follow-up with virtual check-in.
Tier 3	**High acuity treatment or service** Lack of in-person treatment or service would result in patient harm	• Medical office • FQHC/ RHC* • HOPD** • Ambulatory care sites • Emergency department	• Evaluation of new symptoms in a new patient • Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease	We would not recommend postponing in-person evaluation consider triage to appropriate facility/level of care as necessary.

* Federally Qualified Health Care/ Rural Health Clinics
** Hospital Outpatient Department
*** If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Source: CMS. Non-Emergent, Elective Medical Services, and Treatment Recommendations. April 7, 2020.

Transition of care

The health plan UM team typically reviews inpatient stays on an ongoing basis, sharing with the hospital staff the responsibility for an enrollee's discharge plan and transition of care (TOC) to a new setting. With CMS's new emphasis on "patients over paperwork," front-line health care workers will have less time for TOC and discharge planning.[7] This may lead to inefficient use of bed capacity or suboptimal discharge coordination and readmissions.

[4] URAC (June 8, 2010). Definitions for Health Accreditation Standards. Retrieved April 14, 2020, from https://www.naic.org/documents/committees_b_consumer_information_100706_urac_definitions_hca.pdf.

[5] CMS (April 7, 2020). Non-Emergent, Elective Medical Services, and Treatment Recommendations. Retrieved April 14, 2020, from https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf.

[6] CMS (March 17, 2020). Medicare Telemedicine Health Care Provider Fact Sheet. Retrieved April 14, 2020, from https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

[7] See https://www.cms.gov/files/document/covid-flexibilities-overview-graphic.pdf.

To avoid these undesirable outcomes, health plan UM nurses can support TOC and discharge planning activities incorporating their knowledge of available resources in a rapidly changing landscape. For example, receiving facilities, such as a skilled nursing facility (SNF), may increasingly limit numbers and types of transfers to reduce the risk of virus exposure to current residents. As a result, this could reduce available options to transferring hospitals and may increase the amount of time required to coordinate an appropriate discharge or transition plan. Health plan UM resources could support these essential activities, including:

- Identifying facilities that will accept patients, including those who may be infected with COVID-19, for a lower level of care or specialty care
- Coordinating arrangements for a patient discharging home with a suspected or active infection or where there is a family member with an active infection
- Securing necessary post-discharge services (e.g., home health, specialty care follow-up)
- Securing necessary supplies post-discharge (e.g., oxygen and wound care, adaptive equipment)

Care coordination

Care coordination is an essential and ongoing component of a health plan's medical management programs, designed to facilitate the appropriate delivery of healthcare services.[8] During the COVID-19 response, customary healthcare and community services may become limited while new, temporary services may become available. To aid members in adapting to these changes, the health plan's medical management staff may extend their role in coordinating care for enrollees to avoid gaps in care. Two examples of care coordination support that may be impactful in response to the COVID-19 crisis include:

CARE NAVIGATION

This could include navigation support to enrollees for local services such as transportation, food programs, housing and financial aid, behavioral health, and maternity and pediatric services. Care navigation is typically based on a knowledge of currently available services and established according to the enrollees' specific needs.

HIGH-RISK POPULATION OUTREACH

Health plans may consider identifying high-risk populations, such as seniors, enrollees with chronic conditions, high utilizers, and the "worried well" for proactive outreach. Care management staff could then provide COVID-19 education—following Centers for Disease Control and Prevention (CDC) guidelines and most current resources—as well as care coordination support and referrals to case management.

Case management

Registered nurses and other licensed professionals provide case management services to populations, often in various settings, particularly for adults and children with chronic conditions, those with complex care needs, the medically fragile, "high utilizers," and comorbid medical and behavioral conditions. Case managers work to ensure that enrollees have access to the necessary care, services, medications, and supplies. During the COVID-19 crisis, case management will likely become more important, as some services may be unavailable or temporarily inaccessible. To ensure necessary care and continuity for enrollees, case management may adapt its services to:

- Secure and maintain services and supplies that may now be less accessible for an enrollee
- Screen for symptoms and educate about COVID-19, using the CDC guidelines and resources
- Serve as the primary point of contact for confirmed or suspected COVID-19 cases during home isolation
- Coordinate with social services and community agencies to provide meals, medications, or other services and supplies

Communication and coordination

Health plans may be well-versed in their emergency responses, both internally and externally, as part of their business continuity plans. Those emergency plans, however, may not be sufficient to meet today's challenge of an unfolding pandemic with an indefinite timeline. This is a critical time for all healthcare organizations, agencies, and resources within the healthcare delivery system. It will likely be essential for the whole healthcare "village" to communicate, coordinate, and collaborate at local levels and to do so collectively. The health plan medical management team is in a position to make a significant contribution in the COVID-19 response, both as an active

[8] Agency for Healthcare Research and Quality (AHRQ). Care Coordination Measures Atlas Update: Chapter 2: What Is Care Coordination? Retrieved April 14, 2020, from https://www.ahrq.gov/ncepcr/care/coordination/atlas/chapter2.html.

channel in routine situation briefings and as a real-time communication agent between physicians, hospitals, and local health agencies. Medical management teams can support effective collaboration with stakeholders by:

- Providing updates, at daily situation briefings, on care utilization patterns and identified clinical needs
- Bringing back news and updates, for example on testing centers, to share on the plan's member and provider communication channels
- Communicating, in real-time, any identified emergency needs
- Collaborating on response plans and allocating resources as appropriate

With changes occurring daily, the COVID-19 pandemic warrants real-time cooperation across teams and stakeholders.

Conclusion

The COVID-19 pandemic is unprecedented. For the healthcare delivery system to meet this challenge, it will likely take new and unique partnerships. That can include the health plan's medical management team. Whether a national plan with several lines of business, or a regional plan serving a single population, contributions within these five areas discussed above of the medical management team may be considered in the efforts to expand the healthcare system's delivery capacity during the COVID-19 crisis.

Once the pandemic wanes and a new normal emerges, health plan medical management may have gained increased recognition as a key partner in the healthcare delivery system.

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