

Insurance Perspective on Telehealth

Public Utilities, Energy, and Technology

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PROUDLY SERVING UTAH PUBLIC EMPLOYEES

Basic Payment System

- » Fee for Service = Pay by the Service
 - » Confirm eligibility
 - » Submit a Claim with Proper Code
 - » Collect Cost sharing
- » Insurance Concerns
 - » Overbilling
 - » Increased Utilization or Medically Unnecessary Care
 - » Higher Costs without Better Results → Technology Paradox
- » Provider Concerns
 - » Administrative Hassles
 - » Driving Care Decisions
 - » Denying Claims
- » Use Data to Pinpoint Problems & Simplify Rules

Value Based Payment

- » Percent of billed
 - » Historical Basis—No alignment
- » Fixed payments
 - » Aligned Incentives for Episode→Outpatient Services
- » Incentive payments
 - » Aligned Incentives for Population if Contingent on Outcomes
- » Risk sharing
 - » Aligned Incentives for Population
- » Security, Licensing

Telehealth

- » E-Visits → Higher Utilization, Scale, Coding & Payment
 - » Urgent Care → Widely Available
 - » Mental Health → Pilot Basis
 - » Chronic Care → Exploring
 - » Follow Up Care → Exploring
- » High-end Specialty Care → Duplicate Payments, Networks
 - » University of Utah
 - » Intermountain Healthcare
 - » Psychiatric Services
- » Home Care → Adoption, Appropriate Conditions
 - » Remote Monitoring
 - » Home & Self Treatment

How it works: using Amwell is simple!

- 1 **Enroll**
- 2 **Select a provider**
- 3 **Choose a pharmacy**
- 4 **See the doctor**
- 5 **Get a visit summary**



Mobile



Web



Phone

Amwell On-Demand Doctors

- » **Traditional Plan:** \$10 co-pay.
- » **STAR Plan :** \$40 before your meet your deductible
- » **Limited Offer:**
 - » PEHP10



Ideal Scenario

- » Technology Reduces Costs
- » Payment is Aligned so Providers Benefit from Using Technology to Reduce Costs and Improve Care
- » Insurance Companies are Free to Adopt Technology without Downside Risk
- » Patients Have More Options related to Cost, Convenience, and Services