

## Executive summary

# Virtual care turns “Great Unwinding” into opportunity for plans, members

Health plans and patients face a variety of challenges with the end of continuous eligibility for Medicaid and the restart of Medicaid redetermination, but virtual care may offer an opportunity to better transition members to new plans and provide high-quality, accessible care to more people.

Brought on by the end of the COVID-19 public health emergency, stopping continuous eligibility could mean loss of coverage for as many as 14 million people in 2023 and 2024, according to the Kaiser Family Foundation.<sup>1</sup>

During the public health emergency (PHE), Medicaid enrollment increased by more than 28% (20.2 million individuals), and the uninsured population dropped to an all-time low of 8%.<sup>2</sup> Now that states have begun the redetermination process, many enrollees will learn that they are no longer eligible for Medicaid coverage.

“The individuals who are going to be redetermined and losing their coverage, they’re going to go somewhere. They still need care.

**Robin Kingston, Vice President of Health Plan Strategy at Teladoc Health**

Robin Kingston and Bryce Miller of Teladoc Health recently spoke at the America’s Health Insurance Plans’ (AHIP) 2023 Medicare, Medicaid, Duals & Commercial Markets Forum about the challenges presented by the coming wave of redeterminations and ways virtual care can help with the transition of current Medicaid members.<sup>3</sup>

“The health care industry needs a plan to manage members who will shift from Medicaid to other coverage”, said Kingston, Vice President of Health Plan Strategy at Teladoc Health. “The individuals who are going to be redetermined and losing their coverage, they’re going to go somewhere. They still need care.”

Preventing loss of coverage will require greater awareness of the redetermination process, eligibility requirements and alternative health plan options such as employer-based and Affordable Care Act (ACA) marketplace plans. However, a December 2022 study from the Urban Institute found that 64% of Medicaid members did not know what redetermination was or that it was coming.<sup>4</sup>

While administrative and language barriers often present challenges during the redetermination process, ensuring members are aware and engaged in redetermination is further complicated by factors directly related to the pandemic: Many individuals who gained coverage due to the pandemic have never been through a redetermination before, and the population has been highly transient due to economic instability.

## Virtual care expands access to primary care

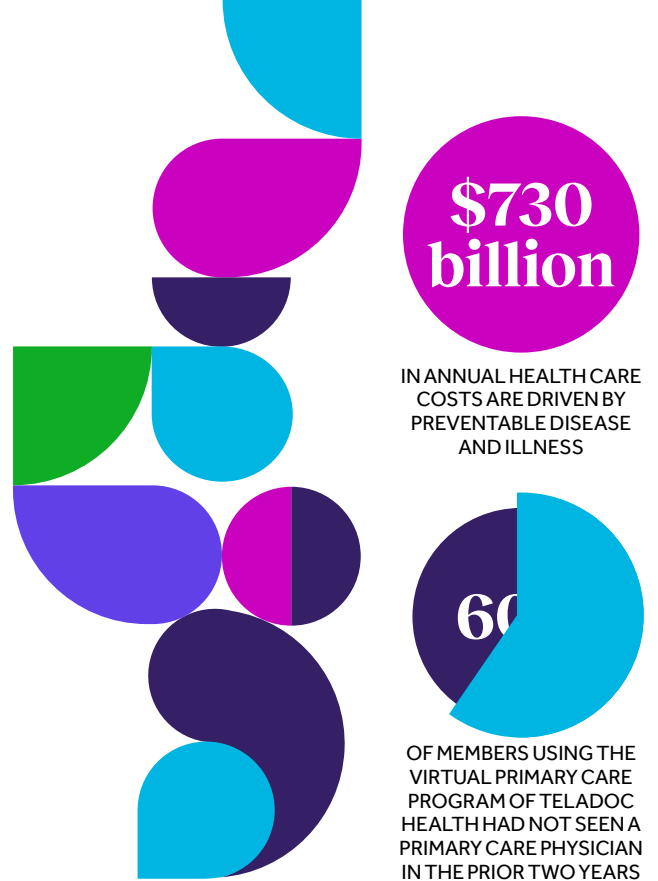
Fortunately, health plans have an opportunity to take action now and quickly engage newly enrolled members and provide them access to high-quality, convenient primary care – possibly for the first time in a while.

“Nearly 100 million people in the US have little to no access to primary care”, said Miller, director of virtual primary care for Teladoc Health. He noted that more than 60% of members using the program had not seen a primary care physician in the prior two years.

This is a significant problem for health plans and the overall health care system, as \$730 billion in annual health care costs are driven by preventable disease and illness, Miller noted.<sup>5</sup>

The shortage of primary care access in many locations has resulted in average new-patient wait times of 26 days in major metropolitan areas. This “is only projected to get worse as the primary care shortage continues to exacerbate throughout the country,” said Miller, noting that lack of access is a serious health equity issue in the US.

In contrast, Primary360, the wholeperson virtual primary care solution of Teladoc Health, can schedule a new patient visit within five days. Virtual care opens up access to appointments because they can be scheduled at convenient times, in



members' homes and with a physician who best suits the member's needs. For example, many virtual care services include translation apps and allow people to choose physicians who speak their preferred language.

“We’re seeing that when you expand this access, members are actually utilizing the service,” Miller said. The results have had a positive effect on overall health outcomes of the members. 38% of Primary360 members with diabetes were newly diagnosed on the program, and more than 50% of members with hypertension have improved their blood pressure.

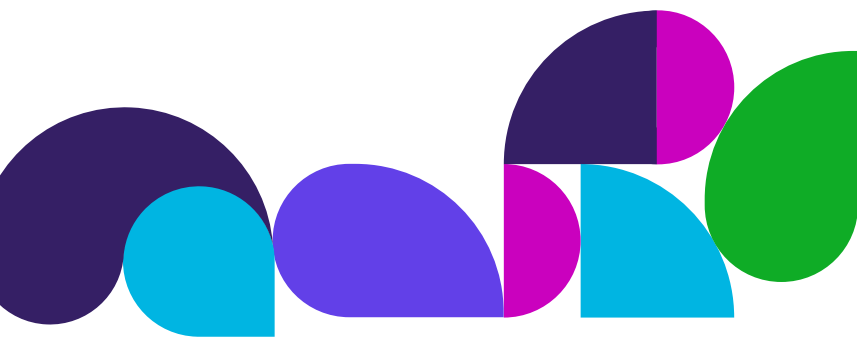
Making primary care more available could shift the health care system's focus from sick care to wellness and preventive care, Miller added. This could lower costs for health plans while also keeping members healthier and more satisfied with their care experience.

Easier access to primary care can also mitigate some of the other problems plaguing health care today: lack of continuity of care, unnecessary treatments and poor chronic disease management.<sup>6</sup>

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**Bryce Miller, Director of Virtual Primary Care at Teladoc Health**





## Embracing virtual care

Health plans that want to embrace virtual care using Primary360 can choose from two options:

- Network Option model, which makes the virtual care solution available as an in-network provider. This requires no regulatory approvals so it can be added to a health plan's offerings at any time during the year, with an estimated time to launch of 60 to 90 days.
- Virtual-First Plan Design, which enables health plans to offer a virtual primary care provider as the "front door" to the health system. This type of plan is designed to incentivize or require engaging with virtual PCPs and, depending on plan design, it may require state regulatory approval.

Health plans just starting to consider a virtual-first plan can take advantage of this new model of care for a 2025 launch to drive growth with an innovative solution in a competitive market. In the meantime, the network option model allows all health plans to offer first-class primary care to current members and attract new ones who prioritize accessible, convenient coverage.

With a virtual primary care offering, health plans will be able to help ease members' transition to new coverage and help them receive the best care possible.



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