MVP Health Care®: How a Medicare Advantage Utilization Analysis and the COVID-19 Pandemic Quickly Advanced its Virtual Care Strategy

Summary: MVP Health Care is a nationally recognized, regional not-for-profit health plan serving more than 700,000 members across New York and Vermont. After launching its telehealth program, myVisitNow®, in 2017, the health plan saw steady growth in virtual visits for both urgent care and behavioral health. After an analysis found that Medicare Advantage members were adopting telehealth at a much lower rate than its other member populations, the health plan strategically reintroduced myVisitNow to its Medicare Advantage members and saw impressive growth in enrollments and utilization. MVP Health Care’s experience with telehealth across all its lines of business proved critical during the onset COVID-19. The health plan was able to rapidly respond to the pandemic utilizing its virtual care platform, even partnering with a competitor to expand virtual care access. The results of these efforts have been impressive, and have given MVP some clear glimpses of what is next for virtual care.

MVP Health Care is a leading not-for-profit health plan with the mission of creating the healthiest communities in the country. Headquartered in Schenectady, New York, the health plan serves more than 700,000 members in the states of New York and Vermont. Its membership base includes commercial, employers, Medicare Advantage and Medicaid. “We know our market well because we live in the same communities where we work,” says Bob Hartman, senior leader of product strategy and development at MVP Health Care.

In 2017, MVP Health Care partnered with Amwell to launch its telehealth program, myVisitNow, and has seen consistent year-over-year growth in telehealth visits. While urgent care visits make up most of MVP’s visits, behavioral health — which includes both therapy and psychiatry — has seen steady growth. Prior to March 2020, behavioral health visits accounted for nearly one-quarter of overall visits on myVisitNow.
Medicare Advantage: Low Adoption Due to Technology or Awareness?

When MVP Health Care began analyzing its myVisitNow utilization numbers by population in the summer of 2018, it discovered that its Medicare Advantage members were using the service far less than other members. The health plan initially assumed the low utilization was due to older members’ lower comfort level with technology, but a deeper look at the data found that members ages 65 and 66 were one-third less likely to enroll in myVisitNow compared to a 63 or 64-year old. “This made us realize that our assumptions were incorrect, as the only real difference in those couple of years was whether they were a commercial member or a Medicare member,” says Hartman. “We realized that we had not been promoting this enough to our Medicare members. It had become a self-fulfilling prophecy.”

In response to this data analysis, MVP began promoting myVisitNow extensively to its Medicare Advantage members by adding information to newsletters and developing new collateral. MVP also included myVisitNow in the Medicare Advantage starter packet, which highlights five key benefits members should know about. In addition, the health plan lowered the cost of myVisitNow for its Medicare Advantage members to a $0 cost share to encourage adoption.

After MVP implemented these changes at the beginning of 2019, myVisitNow enrollments among Medicare Advantage members increased two-and-a-half fold compared to 2018 and utilization of increased sixfold. While most of these visits were for urgent care, 13% were for behavioral health (therapy or psychiatry). Medicare Advantage member satisfaction with myVisitNow was extremely high, with 97% of members rating the online providers either 4 or 5 stars (out of 5) and 94% of members rating the overall experience either 4 or 5 stars.
“One of our fears was that our Medicare Advantage members would not be as satisfied as our commercial members,” says Hartman. “But their satisfaction scores are actually a few tenths of a percentage higher than those of the commercial population.”

Even before COVID, the proportion of eligible MVP members using telehealth was nearly as high among Medicare Advantage members as it was among those on other plans. “This has disproven the perception that this population isn’t as receptive to telehealth as the rest of the population,” Hartman says.

COVID-19: Increasing Access and Reducing Unnecessary ED Visits With Telehealth

In March 2020, when COVID-19 spread across the country, New York was one of the first regions in the country to see a spike in cases. MVP Health Care saw an immediate need for its members — especially its Medicare Advantage members — to have access to healthcare services, as many members were fearful of being exposed to the virus. Within a week, the health plan set up a new telehealth program called myERnow to help members who felt they might be at risk of COVID-19. The program’s intent was to care for members and keep them out of the emergency room or other physical locations to reduce the spread of COVID-19. For its Medicare Advantage population, MVP deployed a campaign where they called every Medicare Advantage member to tell them about their telehealth options.

An unlikely partnership with one of its top competitors, Capital District Physicians’ Health Plan, Inc. (CDPHP), was key to MVP’s success with myERnow during COVID-19. Motivated by the urgency and scale of the public health crisis, the two health plans partnered to educate and spread awareness of virtual visits through joint press releases, news articles and other campaigns. The joint effort promoted CDPHP’s telehealth program alongside myERnow.
In addition to its efforts with CDPHP, MVP launched a public service announcement website called TryTelemedicineFirst.com, which is accessible to anyone in New York or Vermont looking for a telehealth program. “We did our research and provided other health plan telemedicine offerings, as well as local provider virtual care offerings, on the website,” Hartman says. “Any person in New York or Vermont could enter in their location and their health plan, if they chose to, and it would give them telemedicine options relevant to them to help keep them safe.”

Thanks to the range of virtual health initiatives before and during the pandemic, MVP Health Care was able to support the unprecedented increase in demand brought on by the pandemic. Across all lines of business, telehealth accounted for 30% of all MVP Health Care visits in July 2020, compared to just 0.2% of all visits in February 2020. During the height of the pandemic, telehealth visits exceeded in-person visits.

Because the areas MVP serves were hit early by the pandemic, the health plan has seen some of the longer-term impacts of virtual care. Even though in-person visits have resumed, telehealth visits have not decreased substantially. In fact, telebehavioral health has continued to increase and as of July 2020 accounted for 74% of all behavioral health visits. “It’s too early to predict anything, but if this pattern holds, it signifies that whatever permanent changes happen after the pandemic, they will likely impact behavioral health and other health services,” says Hartman.

While virtual care visits also surpassed in-person visits among Medicare Advantage members during the pandemic, after the peak in March and April many Medicare Advantage members returned to in-person care and telehealth utilization trailed off. While it appears this population does prefer in-person visits, MVP Health Care saw 43% of all its Medicare Advantage members have a telehealth visit in 2020. “That represents several years of change in one year,” says Hartman. “But we do need to continue to promote this and encourage our Medicare Advantage members to use telehealth.”
Mapping Out the Future of myVisitNow

When looking at some of the health implications of the pandemic, MVP saw its adult wellness visits decline dramatically, which could have a significant impact on its Star ratings. While adult wellness is not actually a Star measure, the expectation is that during these visits providers can address several Star-related items, such as risk of falls, improving physical activity, and mental health. Providers can also use these visits to put in place a preventive screening plan that addresses several HEDIS measures. Since these visits have declined, and in many instances could be done via telehealth, MVP Health Care has begun to mail preventive screening information to members and has included information on how to contact providers about a telehealth visit. The health plan has also placed articles in both its provider and member newsletters encouraging both parties to utilize telehealth for these adult wellness visits.

In addition to messaging around adult wellness, MVP is creating satisfaction surveys for members who have recently had a telehealth visit with their own provider. “We want to understand what potential barriers may still exist to using telehealth with their own providers,” says Hartman. MVP Health Care believes that COVID-19 has accelerated member willingness — specifically for Medicare Advantage members — to use virtual care. “It’s also accelerated their expectations,” says Hartman. “We know we need to continue to provide new services, and continue to provide access to care how, where and when they want it.”