

# 2021 Pre-Filed Testimony

## PAYERS



**As part of the  
*Annual Health Care  
Cost Trends Hearing***

# INSTRUCTIONS FOR TESTIMONY

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If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2021 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, November 5, 2021**, please electronically submit testimony to: [HPC-Testimony@mass.gov](mailto:HPC-Testimony@mass.gov). Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2019, if applicable. If a question is not applicable to your organization, please indicate that in your response.

The testimony must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

You are receiving questions from both the HPC and the Attorney General's Office (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the information below.

## **HPC Contact Information**

For any inquiries regarding HPC questions, please contact:  
General Counsel Lois Johnson at [HPC-Testimony@mass.gov](mailto:HPC-Testimony@mass.gov) or [lois.johnson@mass.gov](mailto:lois.johnson@mass.gov).

## **AGO Contact Information**

For any inquiries regarding AGO questions, please contact:  
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# HPC QUESTIONS

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## 1. UNDERSTANDING THE IMPACT OF COVID-19:

Please briefly describe how you believe COVID-19 has impacted each of the following:

a. Your organization and its employees:

COVID-19 impact on AllWays Health Partners and our workforce:

Throughout the challenges presented by the COVID-19 pandemic, the work and mission of AllWays Health Partners has not taken a pause. AllWays Health Partners has continued to support the needs of our customers, provider network, and communities, while innovating as a health plan that is part of a large not-for-profit integrated delivery system –Mass General Brigham.

Starting in March 2020, 95% of AllWays Health Partners employees transitioned to working fully remote. Those whose jobs could be done remotely have been working remotely. Recently, Mass General Brigham implemented a *Where We Work* strategy to support our planned in-person reopening, allowing more flexibility for employees to continue to work remotely or within a hybrid schedule. Additionally, we have provided tools such as Microsoft *Teams* along with other resources and communication approaches to support the remote working environment and help employees feel connected and engaged.

As the COVID-19 pandemic continues, AllWays Health Partners remains committed to removing barriers and ensuring timely access to high-quality care for our members. From the beginning, we put in place coverage policies for COVID-19 related testing, treatment, and vaccinations in accordance with guidelines from regulatory and public health authorities and expanded access to behavioral health services. To support our provider community, we expanded access to telehealth services that included offering a free virtual visit platform to network providers who lacked these capabilities. Lastly, we partnered with several local community-based organizations focused on caring for the health of our communities and at-risk populations during these challenging times. As part of an integrated health care system, AllWays Health Partners has supported our Mass General Brigham colleagues on the frontlines of the pandemic that included the management effort at *Boston Hope*, the medical center at the Boston Convention and Exhibition Center to care for patients with COVID-19. This historic effort was a major stride forward in managing hospital capacity during the pandemic. AllWays Health Partners employees joined staff from across the Mass General Brigham system by providing staffing and workforce management support and training.

b. Your members, including but not limited to the direct health effects of COVID-19 as well as indirect health effects, such as the effects of deferred or cancelled care, exacerbation of

behavioral health and substance use conditions, and effects from economic disruption and social distancing (e.g., evictions, food security):

COVID impact on our members:

AllWays Health Partners observed several direct and indirect health impacts to our membership during the COVID-19 pandemic.

Primarily, we observed significant reductions in certain screenings and preventative care, which could lead to the exacerbation of chronic conditions and related services later. The pandemic has also led to an increase in a wide variety of behavioral health needs, such as anxiety, depression, and substance use disorders. Across all lines of AllWays Health Partners' business, approximately 44% of behavioral health outpatient claims were new to treatment, and the average length of stay for inpatient behavioral health services increased by 15%. Finally, our data also shows that emergency department utilization has not fully returned to pre-COVID-19 levels, a trend that has likely been supported by increased utilization of urgent care, primary care, and telehealth.

Although more time is needed to process resulting long-term trends, COVID-19 has had a significant impact on many aspects of daily life for our members. AllWays Health Partners has addressed these impacts head on and supported our members, provider partners, and communities in a variety of ways.

To support our members in concert with state leadership, AllWays Health Partners implemented coverage policies for COVID-19 related to testing and treatment based on public health recommendations and industry guidelines that were informed by the best data and medical evidence available. To expand access to critical health care services for COVID-19, we:

- Removed cost-sharing (copayments, deductibles, or coinsurance) for COVID-19 testing and copayments for COVID-19 treatment at provider offices, retail health clinics, urgent care centers, and emergency rooms.
- Removed all cost-sharing for telehealth services to enable our members to seek care virtually, reducing the need to go to medical offices.
- Supported access to out-of-network providers for the above COVID-19 testing or treatment when no in-network providers were available.
- Allowed early refills for prescription medications, in addition to the benefits and services that are already available through our FlexRx pharmacy benefit program.

During this uncertain time, AllWays Health Partners has frequently communicated with both our members and provider partners about regulatory changes and important COVID-19-related news from prevention to vaccination. We developed a multi-channel communications program that deployed a variety of channels from mail, email and text to social media and blogging, including a [Coronavirus Hub](#) on our public website that was informed directly by member feedback.

In response to the economic hardships created by COVID-19, AllWays Health Partners teamed with our employer customers to address financial challenges that would prevent them from maintaining health care coverage for their employees. The variety of supports we put in place included flexible premium payment extensions, buy-down options, allowing companies to change coverage to a lower monthly premium, relaxing working eligibility guidelines for furloughed workers, and providing information on securing loans under government programs.

For our MassHealth population, AllWays Health Partners expanded access to vital health care services, and we continue to work closely with our Merrimack Valley Accountable Care Organization (MVACO) provider partners – Lawrence General Hospital (LGH) and Greater Lawrence Family Health Center (GLFHC) – to support the health of a community that was particularly hard hit by the COVID-19 crisis.

Specifically, AllWays Health Partners:

- Supported the development of the new COVID-19 drive-through testing site in Lawrence with the goal of conducting up to 1,000 tests/day, five days/week with our MVACO partners, Mass General Brigham, and the City of Lawrence at the height of the pandemic. Our approach shifted to support the area’s vaccination efforts through clinical outreach and communications and marketing materials.
- Collaborated in weekly planning sessions with LGH and GLFHC on a care management program that proactively identifies members at high-risk during the crisis – including those with chronic conditions like diabetes and supporting the homeless – through texting and virtual visits. We have also worked with our provider partners to ensure that homeless members in shelters and hotels have access to medically necessary health care services.
- Supported and continues to support MVACO on a targeted awareness campaign that encourages members not to delay critical or emergency care and to seek preventive care when needed – including public service announcements, radio spots, texting, and other outreach.
- Promoted critical resources available to MassHealth members across a variety of channels and direct outreach, including internet and cellphone assistance to enable telehealth visits (through the Lifeline Program), access to a free web-based tool to check COVID-19 symptoms and determine if testing is necessary (Buoy) and access to food assistance programs.

For our network providers who were struggling to care for their patients in a safe and effective way during the height of the COVID-19 pandemic, we expanded access to telehealth services by partnering with Microsoft to offer “[AllWays On Teams](#),” a free telehealth app for providers who did not have access to this service. Microsoft developed [a case study](#) on our innovative use of its Teams platform. This was a first-in-the-nation approach to make telehealth services more accessible to providers, so they could better serve their patients and protect themselves from COVID-19. *AllWays On Teams* received an overwhelmingly positive response. As Microsoft noted in the case study, “In less than four days, AllWays rolled out the solution, and by mid-May 2020 more than 475 health providers had conducted more than 5,000 telehealth sessions over Teams.”

Additional supports for direct patient care included a new “Vaccination Status Report” that AllWays Health Partners shared with network providers. This allowed providers to access the vaccination status of their patients through our Provider Portal. Additionally, we developed a new [Provider Resource Hub](#), a curated collection of vaccine resources for providers to share with patients.

AllWays Health Partners has also provided dedicated support to the communities we serve and partnered with several local programs focused on caring for the health of our communities.

- We joined Boston-based organizations to support the [Boston Resiliency Fund](#), a fund created by the City of Boston to distribute critical resources to front-line workers, health care providers, and Boston families impacted by the COVID-19 crisis.
- As part of our [Your Care Circle program](#), we partnered with [Community Servings](#), an organization that delivers medically-tailored, nutritious meals to chronically ill members with complex conditions. During the pandemic, we expanded this partnership to support members who fall into high-risk categories for COVID-19, including those who tested positive or are currently under quarantine – all at no cost to our members.
- AllWays Health Partners hosted a series of [free community support webinars](#) focused on helping our community during the COVID-19 pandemic.

- c. The health care system as a whole, including but not limited to how you think the health care system will change going forward, and any policies or innovations undertaken during the pandemic that your organization believes should continue (e.g., telehealth, licensure and scope of practice changes):

COVID impact on the health system:

Throughout the pandemic, the need for innovative care outside of the traditional facility setting and the transition to telehealth has facilitated greater access and removed barriers for many of our members seeking care. In calendar year 2019, 1,699 of our members had a telehealth visit for either behavior health or med/surg. From January 1, 2020 to October 25, 2021, the number of members using telehealth had grown to 167,100. As the way our members live and work evolves, AllWays Health Partners will continue to support telehealth solutions.

The pandemic has advanced innovative ways to move care to the home, offering greater access and convenience, and freeing up hospital capacity. AllWays Health Partners continues to work with Mass General Brigham and our provider partners to expand solutions for caring for members in their homes, when appropriate. The use of “hospital at home” service for acutely ill patients has resulted in 20-30% reduction in cost and an improved patient experience. The outcomes have found that at home patients have had decreased utilization compared to inpatient admissions, at home patients demonstrated increased physical activity, and they had dramatic decreases in post-acute utilization versus inpatient admissions. In 2022, Allways Health Partners and MGB will expand this offering to a larger catchment area.

During the pandemic, AllWays Health Partners also made investments to expand access to critical health care services for our members, support providers to adopt telehealth by

partnering with Microsoft to offer a free telehealth platform to network providers that needed the capabilities, and growing our behavioral health network while increasing reimbursement to improve access. In addition, we continue to expand our population health and medical management programs that have been effective at reducing total cost of care and improving health outcomes.

We continue to digest changes in behaviors of our key constituents and what will be sustained changes in patterns of use and provision of care in virtual settings. As noted above, behavioral health services are being used by a greater of members and telehealth became a primary mode. A survey that was produced by one of our vendor partners found that 81% of behavioral health providers began offering telehealth for the first time during the pandemic. 70% of providers have indicated they will continue to offer telehealth services post-pandemic.

The public policies on reimbursement during the pandemic need further study. If current policies are left in place, we would expect an increase in utilization of services for lower intensity evaluation and management services in both behavioral health care and med/surgical care. We are unable to measure yet if that increase in access would increase or decrease total cost of care.

## **2. EFFORTS TO COLLECT DATA TO ADVANCE HEALTH EQUITY:**

- a. Comprehensive data capturing race, ethnicity, language, disability status, and sexual orientation/gender identity is foundational to advancing health equity in the Commonwealth. Please describe your current efforts to collect these data on your members. Please also describe specific barriers your organization faces in collecting such data and what policy changes or support has your organization identified as necessary to overcome such barriers.

### AllWays Health Partners effort to collect comprehensive data to advance health equity:

As a consciously inclusive organization, AllWays Health Partners has a longstanding commitment to embracing diversity and ensuring equitable access to health care and coverage. From our community benefits to corporate sponsorships, we proudly partner with and support local community-based programs to help create a world in which all people can live healthier lives.

AllWays Health Partners understands the need to collect adequate and accurate data regarding race, ethnicity, language, disability status, and sexual orientation/gender identity so that we can ensure that members have access to high quality, equitable health care. AllWays Health Partners currently collects this data upon member enrollment and heavily relies on member self-reporting. To date, approximately 40% of our members have self-reported this information.

The barriers we have identified include the reluctance of many individuals to provide race/ethnicity/language/disability status/sexual orientation status data and that this information is not consistently collected by plan sponsors for self-insured business. Even when race, ethnicity or language preferences can be captured, disability status or sexual

orientation can be more challenging to collect. In addition, collection of this sort of data is not consistent across the healthcare industry (both health plans and providers), which makes it difficult to evaluate the quality of the data and subsequently establish strategies to advance health equity.

As part of our broader efforts to address health equity and, as a member of Mass General Brigham, we are committed to *United Against Racism* - a comprehensive, system-wide approach to combat systemic racism that supports equitable solutions to help deliver better patient outcomes. There are three pillars that comprise the program: workforce equity (leadership, employees, and culture); health equity (patients/members and providers); and community health. We are using the *United Against Racism* platform as our guidepost to advance health equity.

AllWays Health Partners has also established a Diversity, Equity, and Inclusion (DEI) committee. Our DEI committee regularly updates executive leadership and factors into our business planning broader efforts on the collection of member data with respect to race, ethnicity, language, disability status, and sexual orientation/gender identity. Part of the work of this committee is to establish a process to improve the collection of applicable data elements that “meet our members where they are” in their health care journey. We are also addressing this need by enhancing our digital channels, such as building in more capacity to collect customer data, feedback, and preferences through email and online communities. This is a critical component of our digital strategy to continually improve our online channels and ensure ongoing accessibility, user friendliness, and availability of valuable information for our members.

In addition, AllWays Health Partners has been working with our clinical partners in the Merrimack Valley as part of MVACO also known as *My Care Family*. Our MVACO provider partners collect race and ethnicity data from their medical record and encounter systems through member self-reporting and provider reporting. The MVACO combines this information with data that AllWays Health Partners collects during the member enrollment process to employ an algorithm that applies an attribution of race/ethnicity. The MVACO has developed a monthly file feed that is sent to AllWays Health Partners to update our records, which are also informed by data received from MassHealth.

As a result of these varied efforts, we have been able to improve identification of race and ethnicity data by approximately 80% on average in our MassHealth membership. Moving forward, pursuits are underway to adapt many of these processes for our commercial membership, including enhanced provider engagement.

### **3. INFORMATION TO UNDERSTAND MEDICAL EXPENDITURE TRENDS:**

- a. Please submit a summary table showing actual observed allowed medical expenditure trends in Massachusetts for calendar years 2017 to 2020 according to the format and parameters provided and attached as **HPC Payer Exhibit 1** with all applicable fields completed. Please explain for each year 2017 to 2020, the portion of actual observed



allowed claims trends that is due to (a) changing demographics of your population; (b) benefit buy down; (c) and/or change in health status/risk scores of your population. Please note where any such trends would be reflected (e.g., unit cost, utilization provider mix, service mix trend). To the extent that you have observed worsening health status or increased risk scores for your population, please describe the factors you understand to be driving those trends.

The AllWays Health Partners expenditure trends summary table is below and attached as **HPC Payer Exhibit 1 - AllWays Health Partners.**

Trends	Unit Cost	Utilization	Mix of Services	Total TME	Change in Risk	Risk Adjusted TME Trend
2016-2017	3.6%	3.8%	5.0%	12.9%	6.4%	6.1%
2017-2018	8.3%	0.7%	-0.5%	8.6%	7.7%	0.8%
2018-2019	6.4%	3.1%	0.7%	10.5%	0.6%	9.8%
2019-2020	1.0%	-6.6%	2.7%	-3.2%	-4.0%	0.8%

Consistent with our strategy for growth and evolution to a full-service health plan, AllWays Health Partners has expanded our network and made available innovative and competitively priced product offerings. Over the last five years, AllWays Health Partners' total medical cost trends were driven by the transition from a predominantly Medicaid plan to a broad network commercial plan.

Building out a robust commercial network between 2017-2019 required a transition to commercial market reimbursement rates. Unit cost increases during the same period reflect this shift from Medicaid to commercial payment rates to align with the change in our membership mix.

As part of our evolution, AllWays Health Partners has experienced significant enrollment shifts over the past five years, driving substantial changes in underlying risk. This trend was compounded by the state's discontinuation of premium smoothing in 2017 that created higher acuity in our ConnectorCare population. We remained an attractive option for merged market members with significant health needs because we provide access to several major health care delivery systems. The higher acuity members were incurring higher costs, with material year-over-year increases in the prevalence of Hierarchical Condition Categories (HCC), or conditions considered for risk adjustment.

AllWays Health Partners has taken several steps to reduce total cost of care and improve health outcomes. In 2020, AllWays Health Partners developed a select network to improve our ability to offer competitive, affordable plan options for the ConnectorCare market segment which drove the lower unit cost trend observed from 2019 to 2020. We also launched *Allies Choice* for the merged market, an integrated offering with Newton-Wellesley Hospital that will deliver world-class care, an exceptional customer experience and lower costs.

In addition to medical network investments, AllWays HealthPartners significantly expanded our behavioral health network and increased reimbursement beginning in 2019 to improve access.

The most recent observed trends from 2019 to 2020 reflect the impact of the State of Emergency on overall utilization, especially in the months of March through June 2020. The reduction in risk score from 2019 to 2020 is likely due to growth in small group membership in the latter half of the year, as well as a reduction in diagnostic coding due to decreased visits during the pandemic.

During the COVID-19 pandemic, AllWays Health Partners experienced a reduction in lower cost preventative services, and the continuation of higher cost essential services, such as cancer treatment. Despite these upward cost pressures, AllWays Health Partners' premiums have and will continue to remain competitive, as evidenced in the Center for Health Information and Analysis (CHIA) *Annual Report* (March 2021).

**b. Reflecting on current medical expenditure trends your organization is observing in 2021 to date, which trend or contributing factor is most concerning or challenging?**

Current medical expenditure trends in 2021 that are most concerning challenges:

As we look forward, there are four primary areas of concern or challenges that lay ahead.

First, AllWays Health Partners is monitoring the ongoing impact of COVID-19. While cost related to COVID-19 prevention, diagnosis, and treatment were generally offset by lower utilization during the emergency, continuing costs are likely to be additive. Continued testing, treatment, and vaccines may add as much as 3-4% to total costs, especially with the advent of new pharmaceutical interventions.

Second, the "bounce back" of deferred services may lead to higher costs due to members forgoing needed preventive and maintenance measures. Early indications note that in 2021 AllWays Health Partners is seeing a significant increase in the acuity of our members compared to pre-pandemic level. This suggests that the deferred care has led to more severe conditions that could have been mitigated through routine screenings and testing.

Third, the pandemic has exacerbated a behavioral health crisis, with significant increases in depression and anxiety. Behavioral health utilization was increasing pre-COVID and continued to hit new highs in 2020 and 2021. Telehealth has improved access and increased both the number of members seeking care and the average number of visits, substantially increasing costs. Even though increased treatment of behavioral health illness is likely to lead to better long-term management of health, it is likely to add to total medical trend in the immediate future.

Finally, specialty pharmacy continues to be one of the most challenging factors in overall trend. Insurance carriers have few levers to negotiate lower prices for what are typically very expensive specialty pharmacy treatments.

## AGO QUESTION

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Chapter 224 of the Acts of 2012 requires payers to provide members with requested estimated or maximum allowed amount or charge price for proposed admissions, procedures, and services through a readily available “price transparency tool.” In the table below, please provide available data regarding the number of individuals that sought this information.

<b>Health Care Service Price Inquiries Calendar Years (CY) 2019-2021</b>			
Year		Aggregate Number of Inquiries via Website	Aggregate Number of Inquiries via Telephone or In- Person
<b>CY2019</b>	<b>Q1</b>	2334	115
	<b>Q2</b>	1497	104
	<b>Q3</b>	1087	88
	<b>Q4</b>	853	104
<b>CY2020</b>	<b>Q1</b>	871	208
	<b>Q2</b>	445	68
	<b>Q3</b>	705	140
	<b>Q4</b>	655	312
<b>CY2021</b>	<b>Q1</b>	854	376
	<b>Q2</b>	594	210
	<b>TOTAL:</b>	<b>9895</b>	<b>1725</b>