

# COVID-19: BLUE CROSS BLUE SHIELD OF MICHIGAN'S RESPONSE

ADDENDUM  
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## A Message from Daniel J. Loepp

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Last month, Blue Cross Blue Shield of Michigan released the first COVID-19 Blue Paper to our customers, providers, and community members. In that paper, we took an in-depth look at our response to the COVID-19 pandemic as well as high level statistics on the impact of the virus from a social, economic, and health perspective.

We plan to remain at the forefront of this crisis and continue to provide members and customers with meaningful information by releasing additional addendums to the original Blue Paper. As the state and country continue to re-open, we want to remain a trusted advisor by keeping you informed of new updates, health care trends, financial impacts, and our ongoing efforts to address the needs of our stakeholders.

In this first COVID-19 Blue Paper Addendum, we provide a summary of national and Michigan industry highlights. We summarize information on the statewide Collaborative Quality Initiative that is leading the way for providers in Michigan to understand and address COVID-19. We then provide an overview of hospital availability metrics, possible benefit cost scenarios, and the impact of COVID-19 on provider spend and the use of telehealth. In order to provide deeper customer insights, we summarize the key insights from our 'Voice of the Customer' analysis and member testimonials from the Blue Cross Coordinated Care™ program. Finally, we continue to address behavioral health and pharmacy trends by sharing both Blue Cross and national data.

As we continue to slowly re-engage with our communities, workplaces, and health care services, Blue Cross continues to keep customers and members at the center of all we do. We are a company that chooses collaboration and innovation because it advances our mission, to stand up for the people who are counting on us when it comes to health care access, affordability and quality. Our mission is, and will always be, our members.

Daniel J. Loepp President and CEO



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## BACKGROUND

Since the onset of COVID-19, Blue Cross Blue Shield of Michigan and Blue Care Network have been laser-focused on providing a rapid response to our customers, members, providers, and community. Furthermore, we have sought to provide real-time, meaningful information and insights to all our customers to help inform important health care decisions.

The following information will review the national perspective, emerging themes and Blue Cross' perspective on:

- The deployment of collaborative quality initiatives, facility availability metrics, and cost impact scenarios
- Datapoints measuring the impact on providers and specialists
- The expansion of telehealth services
- Member insights and concerns
- Trends related to behavioral health and pharmacy services

## EXTENSION OF NO-COST BENEFITS FOR COVID-19 TREATMENT THROUGH YEAR'S END

Blue Cross Blue Shield of Michigan and Blue Care Network will provide their members no-cost treatment for COVID-19 disease through Dec. 31, 2020. Members have not had to pay cost sharing for treatment – in the form of copays, deductibles and coinsurance – since March and now will have the security of no-cost treatment through the end of the year. The cost share waivers apply to members in fully insured commercial PPO and HMO plans, as well as individuals in fully insured Medicare Advantage plans. BCBSM estimates that it will spend between \$23 million to \$43 million in providing these additional benefits – bringing the company's total investment in additional benefits for members to nearly \$150 million during the pandemic.

## NATIONAL & MICHIGAN INDUSTRY HIGHLIGHTS

- According to American Hospital Association, the COVID-19 pandemic could cost hospitals \$202B through the end of June. \$161B is due to lost revenue from service cancellations over a four-month period. \$36B is due to the high cost of treating COVID-19 patients.
- A new analysis estimates the recent health care spending drop is the main driver of a 4.8 percent decline in Q1 GDP. Hospital-related GDP dropped 12.1 percent in March, a record-breaking figure.
- Health care spending declined at an annualized rate of 18 percent in Q1. A greater decline is projected for Q2, with Morgan Stanley forecasting a record 38 percent drop in the second-quarter GDP.
- A recent CMS COVID-19 Interim Final Rule provides flexibility for hospital outpatient departments to provide services to patients in their homes, which will be considered an offsite location of a hospital department.
- As Congress prepares for another major legislative push, providers are asking lawmakers to forgive or relax terms on an additional \$100B in Medicare accelerated and advance payments, after already securing \$175B in grant funds.
- HHS released information on the provision of funds from the Provider Relief fund. In Michigan, 30 hospitals will receive more than \$900M in federal funding and 249 rural providers will receive more than \$325M.
- Hospital systems such as Trinity Health, Henry Ford, and Beaumont restarted surgeries and other procedures that were delayed during the pandemic.
- Detroit's downtown TCF Center field hospital, built to handle 1,000 COVID-19 patients, closed after treating only 39 patients, and never having more than 20 patients at one time.

## Hospital volume and revenues decreased as self-pay [patients] increased by 114% nationally

Across all service lines there was an average 54.5 percent decrease in the number of unique patients who sought care in a hospital setting. Clinical service lines with sharp declines in patient encounters included:

- 57 percent decrease in cardiology
- 55 percent decrease in breast health
- 37 percent decline in cancer overall

The 228 hospitals analyzed lost an estimated \$1.3B in revenue compared to the prior year—the equivalent of \$60.1 million per month. The study found the number of self-pay patients increased monthly with the last 90 days rising significantly. Early results from May indicate that roughly 15 percent of patients are uninsured, an increase of 114 percent. This figure is up from 7 percent in January and 11 percent in April. Many of these can be expected to end up on Medicaid rolls, further straining state budgets. While volumes will gradually recover, increases in self-pay patients will likely continue to limit hospitals' revenue until the economy recovers.

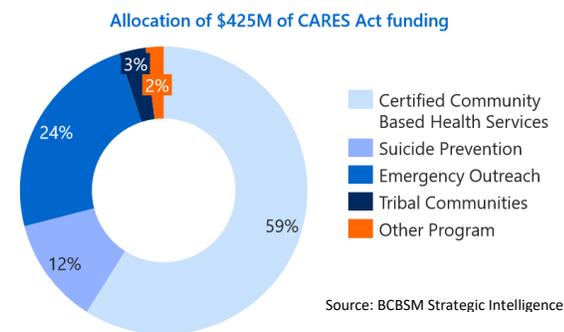
## Average COVID-19 case costs \$35K, but the most severe cases cost between \$100K-\$300K

According to BenefitsPro, COVID-19 related claims increased 174 percent from March to April. Overall claims volume was down 40 percent compared to January and February 2020. Ten percent of all COVID-19-related hospital claims were related to severe sepsis and respiratory failure, with most patients requiring an ICU and ventilator for part of their stay. Average costs for these cases ranged from \$100,000–\$300,000. Another forty percent of cases were severe but did not require a ventilator, though a few needed care in the ICU. These cases ranged in average cost from \$60,000–\$100,000. The remaining fifty percent of cases were typically cared for on the hospital floor, without a ventilator, and were diagnosed with severe pneumonia. These cases had an average cost of around \$35,000.

## Behavioral health providers are strained as they try to provide care and support for more patients

Behavioral health providers were already in a vulnerable state before COVID-19 due to a shortage of mental health providers. Behavioral health providers' reimbursements are denied twice as often as medical health care providers. Though currently required to continue providing care, many behavioral health providers do not have the capability to deliver care remotely. A survey of 880 behavioral health facilities found that 62 percent believe they can survive financially for only three months or less under current conditions. Closing offices during the pandemic has further restricted access. To alleviate the strain, the behavioral health industry has received flexibility through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and reduced regulation through blanket waivers from CMS and other state and local regulations.

The CARES Act allocated \$425M to mental health services through the Substance Abuse and Mental Health Services Administration, with the majority going to community-based health services. In addition, \$29M was allocated to the Telehealth Network and Telehealth Resource Centers Grant Programs for fiscal years 2021–2025, which would help provide access and limit costs for behavioral health services provided via virtual appointments.



## BLUE CROSS PERSPECTIVE

### Blue Cross CQI model enables rapid, statewide COVID-19 response

In Michigan, the Collaborative Quality Initiative (CQI) model has been in place for over 20 years with a track record of success. CQIs address many of the most common and costly areas of surgical and medical care. Hospitals and physicians across the state collect, share and analyze data on patient risk factors, processes of care and outcomes of care, then design and implement changes to improve patient care.

Given this longstanding model, Blue Cross provider partners were able to quickly leverage this model to launch new efforts to collect and share critical information about COVID-19 with participating hospitals and health care facilities. Using existing CQIs, Blue Cross and CQI coordinating centers, led by physicians at Michigan Medicine, have launched several projects to aid health care providers in responding to COVID-19 demands, and to prepare them for a post-crisis environment.

The Michigan Emergency Department Improvement Collaborative (MEDIC) is holding virtual town hall meetings statewide, where medical staff share information on their challenges and solutions they're discovering related to COVID-19 in the emergency department.

More than 35 hospitals across Michigan are contributing comprehensive, clinical data on COVID-19 patients into an extensive clinical registry, coordinated by the Michigan Hospital Medicine Safety Consortium (HMS). The registry, entitled MI-COVID19, will offer a line of sight across geographic, economic and demographic boundaries. The data will help medical professionals understand why some patients have more severe illness or worse outcomes; and what contributes to better outcomes.

As the COVID-19 crisis level eases, the Michigan Value Collaborative (MVC) developed a tool to prepare hospitals on re-opening elective surgeries. MVC examined seven years of data from its all-payer registry, looking at the hospital resources used in 17 common elective surgeries. They created a resource utilization report, showing which procedures require the most resources, including inpatient length of stay, ICU and ventilator use, blood products used, and likelihood of readmission or emergency department use within 30 days of discharge. As hospitals prepare to re-start elective surgical procedures, the resource utilization report helps them plan for the staff, space, materials and resources that will be needed.

## Facility availability and metrics in Michigan

### Statewide Availability and Facility Measures (as of June 5)

14,160 of 20,584 inpatient beds occupied

1,978 of 2,902 ICU beds occupied

2,306 of 3,298 ventilators available

429 COVID-19 ED discharges

550 COVID-19 inpatient

275 COVID-19 critical care patients

191 COVID-19 patients on ventilators

Blue Cross is producing a dashboard to provide insight into the occupancy rates, availability of ventilators and personal protective equipment, emergency department discharges, and inpatient admissions for facilities in the state of Michigan. Current statewide occupancy rates:

- 69% for inpatient beds (up from 66% last week)
- 68% for ICU beds (flat vs. last week)

While many hospitals are reporting relatively low occupancy rates, a few systems report more than 70% of beds in use, including:

- Ascension (70%)
- Bronson (73%)
- Covenant (80%)
- DMC (98%)
- Holland (72%)
- Hurley (82%)
- Michigan Medicine (78%)
- Trinity (77%)

Source: BCBSM Strategic Intelligence

## Michigan health system COVID-19 status as of June 5

	Bed occupancy		COVID-19 patients		COVID-19 ICU patients		N95 masks days on hand	Gloves days on hand
 Beaumont Health Ann Arbor • Bedford • Okemos	55%	↓	130	↓	54	↓	21+ days	7-14 days
 Henry Ford Health System	64%	↓	49	↓	40	↓	21+ days	7-14 days
 MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN	78%	↓	24	↓	15	↓	21+ days	0-6 days
 SPECTRUM HEALTH	58%	↓	43	↓	19	↓	21+ days	21+ days
 McLaren HEALTH CARE	67%	→	78	↓	18	↓	21+ days	21+ days
 Sparrow	64%	→	21	↑	0	↓	21+ days	7-14 days
 ASCENSION HEALTH	70%	↑	72	↓	16	↓	21+ days	21+ days
 Trinity Health	77%	↑	67	↓	22	↓	21+ days	7-14 days
 DMC DETROIT MEDICAL CENTER	98%	↑	50	↓	31	↓	21+ days	7-14 days
<b>Michigan total</b>	<b>64%</b>	<b>↓</b>	<b>661</b>	<b>↓</b>	<b>249</b>	<b>↓</b>	<b>N/A</b>	<b>N/A</b>

### Benefit cost impacts multiple scenarios given the unknown disease trajectory

The Blue Cross Blue Shield of Michigan actuarial team has been focused on using a data driven approach to model potential cost impacts resulting from COVID-19. Multiple factors can impact the future cost trend of this virus including regulation, member and patient behavior, and benefit and policy changes. Given the variability of these factors, Blue Cross has modeled several scenarios from worst to best to help our customers better understand the potential cost impact of this virus.

#### Objective: Predict the benefit cost implications of the (whole) COVID-19 Impact

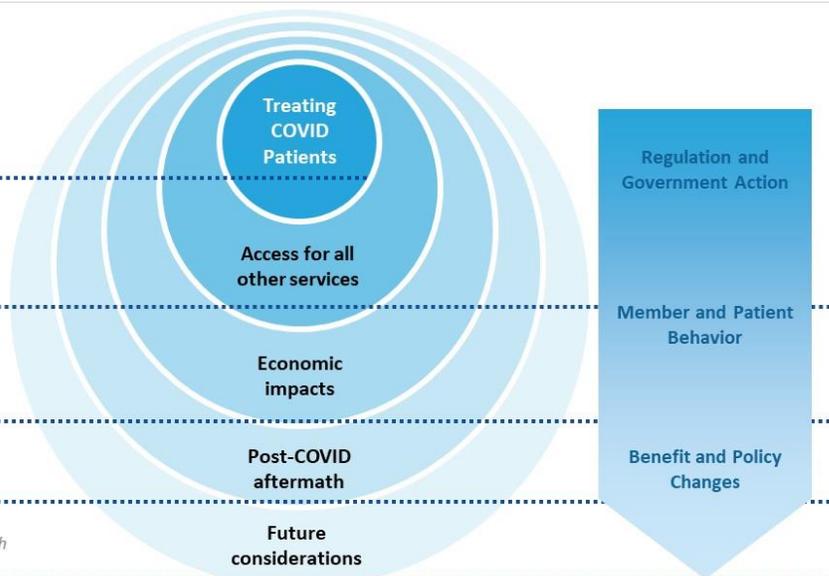
- Infection rate
- Medical needs
- Hospitalization Rates
- ICU/Ventilator Use
- Cost share waivers

- Clinic & office closure
- Procedure cancellation
- Care avoidance
- Other access points (telehealth)

- Changes in coverage
- Insured population changes
- Economic-base utilization reduction

- Pent-up demand
- Untreated conditions
- Vaccines, treatment and testing

- Future COVID waves
- Post-impact physical and behavior health
- Structural changes in care processes



While there is significant uncertainty with any and all projections, the assumptions underlying our planning scenarios suggest:

- A reasonable likelihood that 2020 benefit costs will be lower than expected
- Equal likelihood of 2021 costs being higher or lower than expected

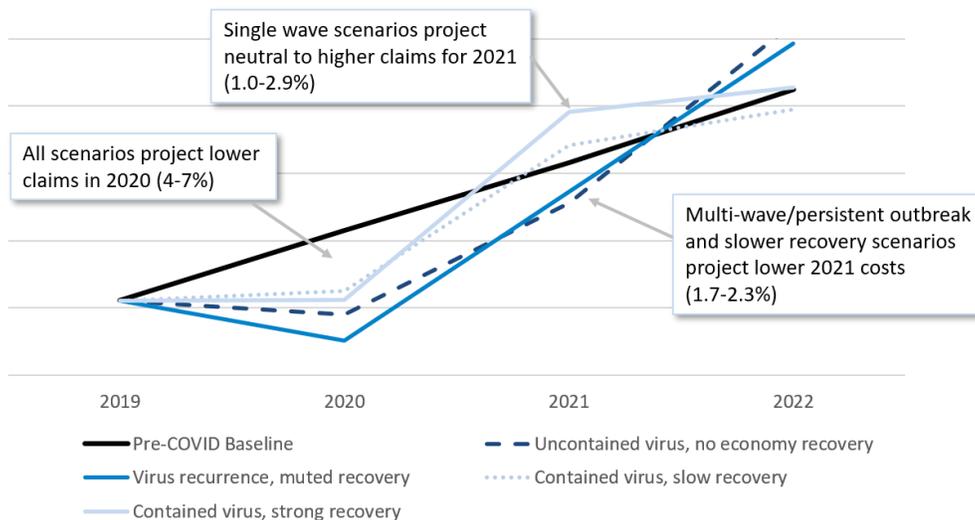
Blue Cross will continue to evaluate emerging information and our various outlook

scenarios for purposes of making key pricing decisions, considering additional premium credits, and providing consultative guidance to our customer base.

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Virus Spread	Worst	Moderate	Best	Best
Economic Impact	Worst	Moderate/ Uneven	Moderate/Slow	Best
Description	<ul style="list-style-type: none"> <li>• Continued and pervasive infection spread</li> <li>• Longer-term economic depression without significant recovery through 2022</li> <li>• Regular and persistent restrictions and business / care disruption</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple recurring waves of outbreak</li> <li>• Slower economic recovery in fits and starts – uneven by sector</li> <li>• Periodic restrictions and disruptions – likely geographically isolated</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single wave of outbreak</li> <li>• Economic recovery continue but slowly through 2022</li> <li>• No restrictions but more lengthy return to standard operating procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single wave of outbreak</li> <li>• Strong economic recovery</li> <li>• Rapid return to standard operating procedure and productive capacity</li> </ul>

### What have we seen so far within benefit costs?

Commercial and Medicare Projected Claims by Scenarios



Source: BCBSM Actuary and Underwriting

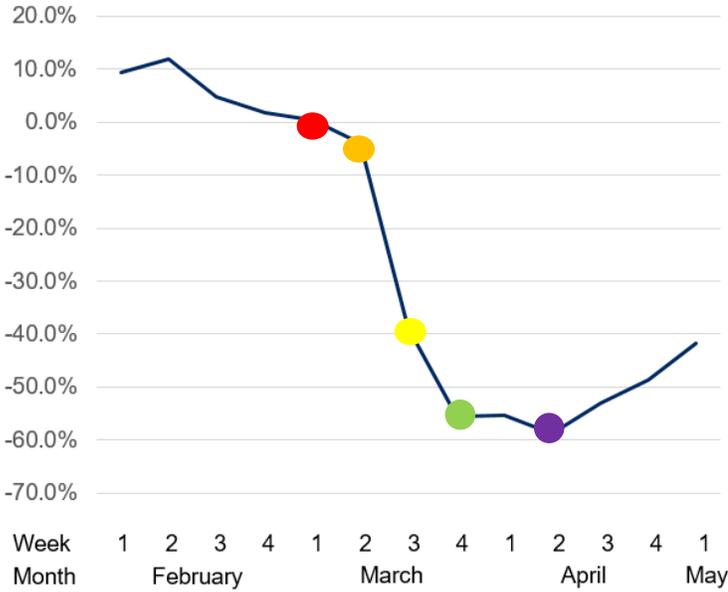
As expected, meaningful reductions in overall claims levels across all lines of service have been observed in the months of March and April. On average, medical claims were down roughly 15% in March and 35% in April as compared to pre-COVID expectations. We are expecting a continuation of the low claim levels through May and June, with a “rebound” potentially occurring later in 2020 driven by pent up demand for services, utilization of vaccines and testing, and general patient willingness to visit health care providers.

## COVID-19 demonstrates significant impact to provider spend and use of telehealth

To better understand the impact of COVID-19 on our providers, the Health Care Value division of Blue Cross performed a series of comparative analyses to better understand the use trends. In the first of these analyses, we looked at practices that were maintained across 2019 and 2020 and compared the claims that had been received in 2020 on a weekly basis, with runout through beginning of May.

### Weekly breakdown of 2020 allowed amount vs. 2019

Percent 2020 allowed running ahead or behind of 2019



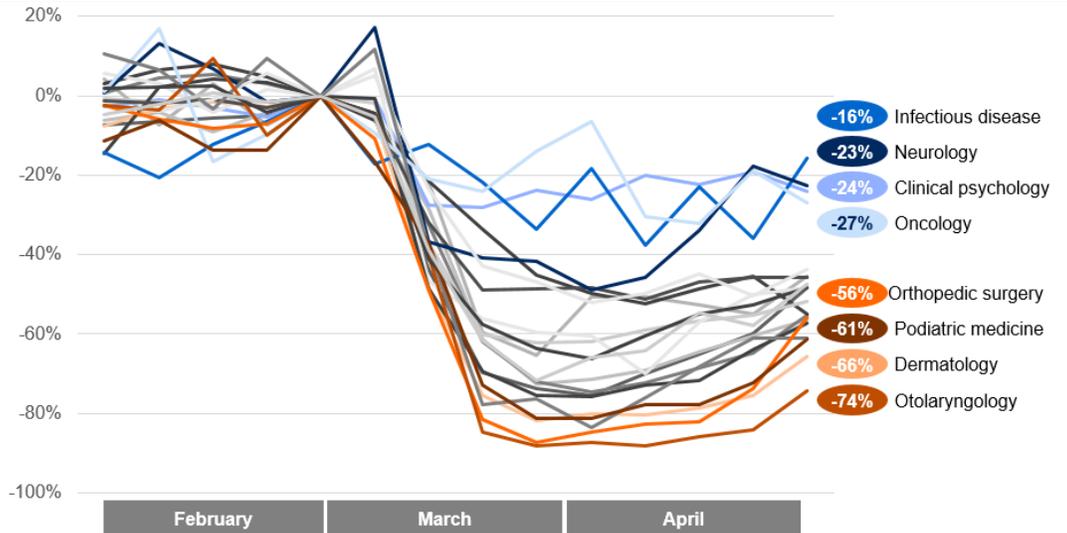
- During the first week in March, PCP's were operating about the same rate as this time last year.
- During the 2<sup>nd</sup> week of March, the first COVID cases were reported (33 by the end of the week) and PCP allowed amount dropped by 5% compared to last year
- Schools were suspended at the beginning of 3<sup>rd</sup> week of March and provider spend dropped to 40 percent less than last year
- Stay-at-home order issued at beginning of 4<sup>th</sup> week of March and provider allowed spend was 60 percent less than the same time last year.
- Beginning the 2<sup>nd</sup> week in April, spend has slowly started to increase

We assessed the weekly spend breakdown by specialty category. Most specialties experienced a significant decline in spend of roughly 45-60 percent during late March and early April compared to baseline or pre-COVID levels. Infectious disease had the least disruption, with neurology, clinical psychology, and oncology also demonstrating limited impact. Orthopedic surgery has accelerated its recovery from a low point of negative 87 percent in late March to

### Impact breakdown across specialty types

#### Weekly breakdown of spend change in 2020 by specialty

Percent spend vs. 1<sup>st</sup> week of March, specialties with >\$500K baseline weekly allowed

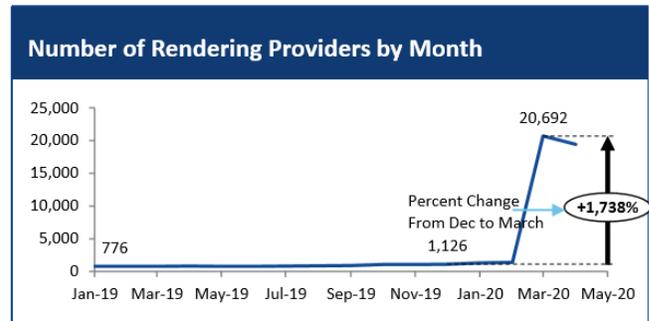
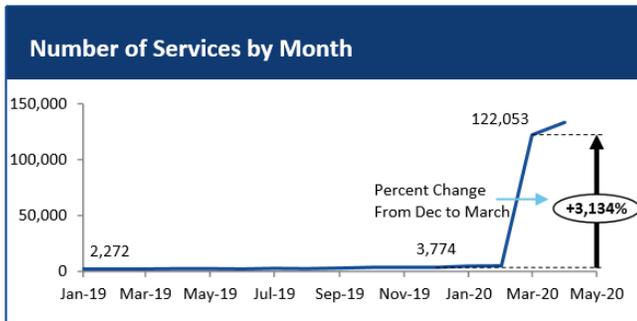


negative 56 percent at the end of April. This indicates that orthopedic procedures are among the first elective procedures to be performed across these specialties.

Blue Cross encouraged all members to seek care using telehealth services either through their provider or the Blue Cross Online Visits program. Blue Cross waived cost share on services offered by our PPO and HMO network providers and Blue Cross Online Visits during the period of March 16 to June 30, 2020. This included high-deductible health plans as well.

### Volume of telehealth services

During the first three quarters of 2019, we saw a gradual increase in telehealth services (Figure 3). In the 4th quarter of 2019, there was a 36 percent increase compared to the prior quarter. In March 2020, that jumped to a 3,134 percent increase.



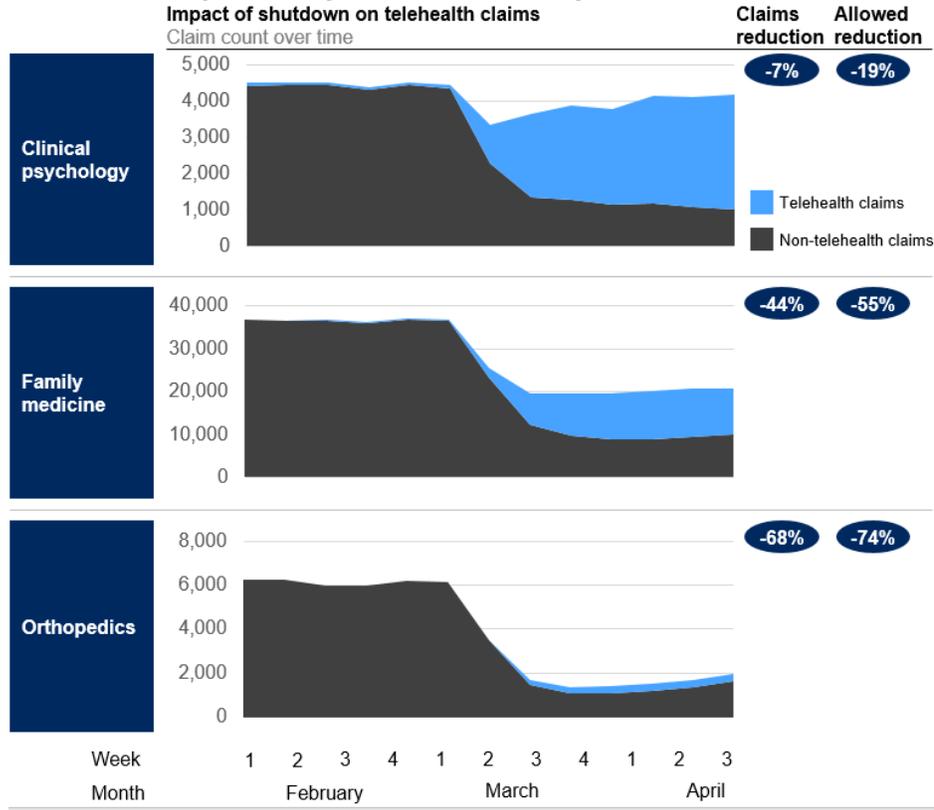
Many providers have been able to successfully shift their in-person services to telehealth. In Michigan, 9.5 percent of providers offered telehealth medicine before COVID-19. Today, more than, 82 percent of providers are using telehealth services. Additionally, Blue Cross Online Visits' volume increased more than 300 percent due to COVID-19. While wait

Number of Services by Type of Service							
Service Type*	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Office or Other Outpatient Services	1,158	1,136	1,192	1,619	1,651	48,305	63,486
Psychiatric	1,820	1,901	1,876	2,279	2,359	58,442	59,474
Non-Face-to-Face Physician Services	80	32	75	77	49	10,177	7,755
Preventive Medicine Services	1	3		389	536	3,580	1,792
Non-Face-to-Face Nonphysician Services	693	544	572	516	509	1,242	655
Other Evaluation and Management Services	1	2		1		75	105
Hospital Inpatient Services	2	5	7	5	4	35	54
Medical Nutrition Therapy	3	4	7	6	3	67	50
Temporary Codes - Professional Services	31	43	37	44	29	54	40
Other Medical						13	39
Prolonged Services	3	5	5	1	4	30	25
NULL				1		14	14
Hospital Observation Services		3	1	3	1	1	7
Nursing Facility Services			2			1	3
Dialysis	1	3			1	17	
<b>TOTAL</b>	<b>3,793</b>	<b>3,681</b>	<b>3,774</b>	<b>4,941</b>	<b>5,146</b>	<b>122,053</b>	<b>133,499</b>

times were high in the month of March, by Mid-April they had returned to pre-COVID levels as the pool of daily active providers has grown threefold since pre-COVID-19.

The table above shows number of services by type of service) shows the volume of telehealth services provided by specialty. The results from this analysis demonstrate a marked increase in the number of telehealth services provided in the months of March and April, especially among psychiatric, physician, and preventive services.

### Providers impacted by differential ability to shift to telehealth



The shift to telehealth has been a key driver of total financial impact across specialties. While all three specialties have shown 80-85 percent reduction in non-telehealth claims, clinical psychology has replaced most lost claims with telehealth services. However, with relatively low telehealth reimbursement and inability to bundle other services (e.g., vaccines), the allowed reduction is always greater than the actual reduction in claims amount.

### VOICE OF THE CUSTOMER

Blue Cross Blue Shield of Michigan performs a weekly analysis to determine member concerns through surveys and key metrics tracked through customer service. COVID-19 testing and antibody testing call volumes continue to increase, with employer "return-to-work" requirements (e.g., multiple/ongoing tests) contributing to this trend on an increasing basis.

However, ratings of "concern" about COVID-19 testing and health insurance coverage continues to decrease since the end of April.

Today, the greatest concern expressed by our members, in order of call volume, are:

- The state of the U.S. economy
- Family health, access to testing
- Health and well-being concern

Most of these concerns have been consistent over time but have started to decline as displayed in the table below.

### Member Concerns During COVID-19 Crisis (Mean Ratings)

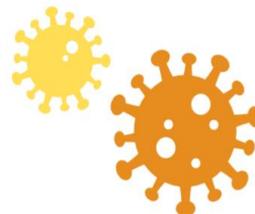
Concern about health insurance coverage relative to COVID-19 is the lowest it has been since the crisis began. Access to COVID-19 treatment and testing are also down since the end of April

Please rate your level of concern about the following... 0 is not at all concerned, 10 is very concerned	Total n=1325	BCBSM n=803	BCN n=522	Trends						
				4/1-10	4/11-20	4/21-29	4/30-5/6	5/7-13	5/14-19	
The US economy	8.0	8.1	7.9	8.1	8.1	8.1	8.0	7.6	7.9	
Your family's or loved one's health	7.4	7.4	7.3	7.8	7.6	7.4	7.0	6.9	6.9	Down since end of April
Access to COVID-19 testing	6.6	6.7	6.5	7.1	7.1	7.3	6.4	5.6	6.0	Down since end of April
Ability to remain healthy (groceries/gas/working)	6.6	6.5	6.6	7.0	6.6	6.4	6.3	5.9	6.2	
Access to COVID-19 treatment and care	6.4	6.4	6.4	7.0	6.8	6.9	6.3	5.9	5.8	Down since end of April
Access to care that is unrelated to COVID-19	6.2	6.2	6.3	6.6	6.2	6.4	6.4	5.8	5.8	Down since early May
Access to trustworthy information about COVID-19	6.2	6.2	6.2	6.5	6.3	6.7	6.2	5.3	6.0	Moderate increase vs. last week
Your physical health	5.6	5.5	5.7	6.0	5.6	5.6	5.4	5.6	5.3	
Your health insurance coverage relative to COVID-19	5.5	5.6	5.4	5.8	5.7	5.8	5.3	5.5	5.0	Lowest since crisis began
Your financial situation	5.4	5.3	5.6	5.9	5.4	5.4	5.4	5.1	4.9	Down since early May
Ability to pay for healthcare	5.3	5.2	5.4	5.7	5.4	4.9	5.1	5.1	4.9	Down since mid-April
Your mental health	4.3	4.2	4.4	4.5	4.4	4.4	4.3	4.3	3.7	Moderate decrease vs. last week

## BEHAVIORAL HEALTH STATISTICS

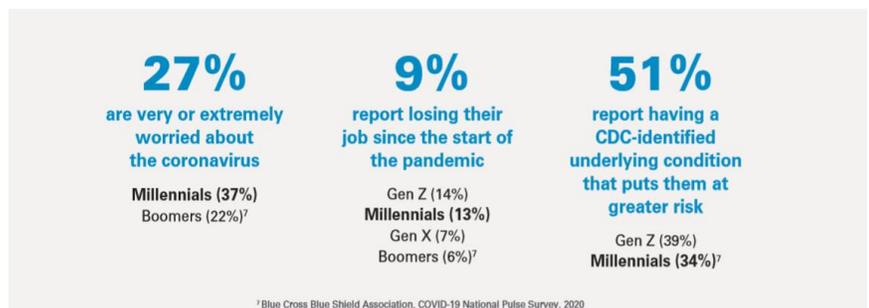
Behavioral health conditions have been on the rise in recent years and it's important than ever to keep an eye on the effect COVID-19 can have on mental health as well as physical health.

According to the Blue Cross Blue Shield Association's national data millennials appear to be the generation most affected by the pandemic with significant increases in worry/anxiety, job loss and preexisting conditions. Furthermore, unhealthy behaviors such as eating more food, drinking more alcohol, and smoking more have also significantly increased among all age groups, but especially millennials and Gen-Z. These behaviors may lead to increases in anxiety and depression.

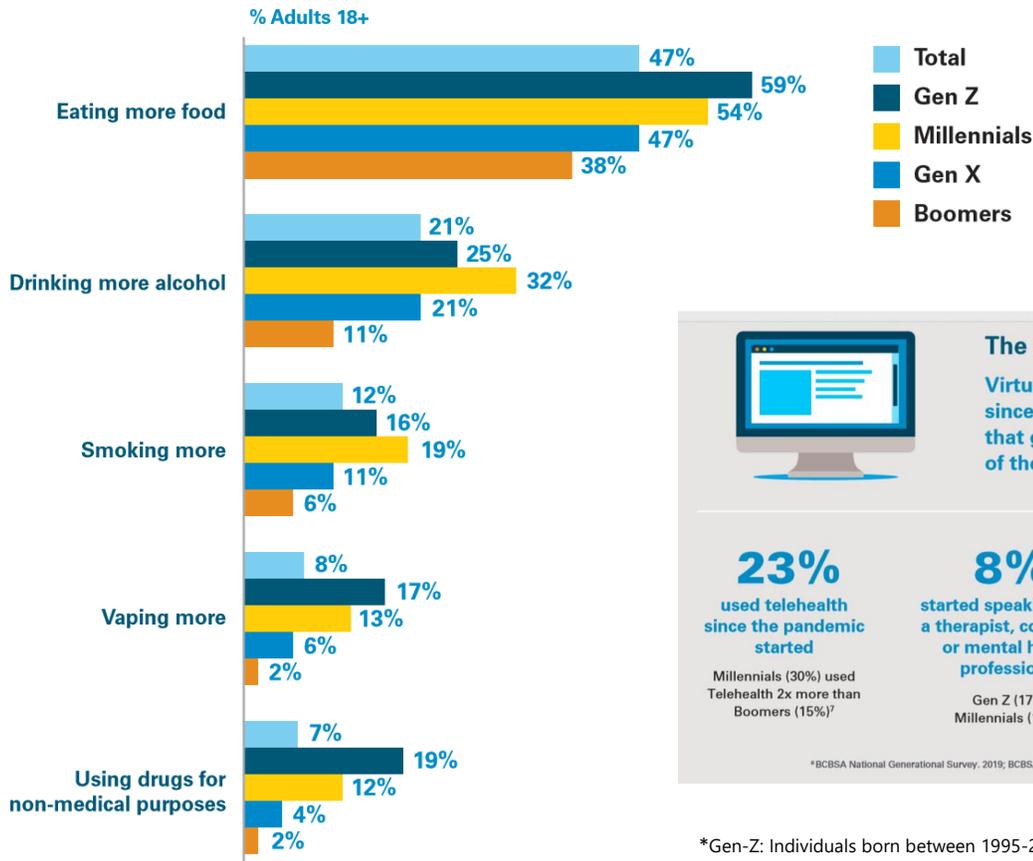


### A challenging time.

As we continue adjusting to the new normal of COVID-19, it's important to keep an eye on the effect this pandemic is having on behavioral health. With so many of us worried about not just the disease itself, but its effect on our ability to keep working, we're seeing data that shows certain behaviors are on the rise since the outbreak began — especially among the younger generations.



## Increase in Unhealthy Behavior Change Since the Pandemic Began



The positive news is that virtual care has increased 1.6 times since the beginning of summer and 75% of individuals with behavioral health conditions are continuing their therapy during the COVID-19 pandemic.

**The good news:**  
Virtual care has increased 1.6x since summer 2019, and half that growth came since the start of the COVID-19 pandemic.<sup>8</sup>

- 23%** used telehealth since the pandemic started  
Millennials (30%) used Telehealth 2x more than Boomers (15%)<sup>7</sup>
- 8%** started speaking with a therapist, counselor or mental health professional  
Gen Z (17%) Millennials (13%)<sup>7</sup>
- 75%** of people with behavioral health conditions are continuing therapy services during COVID-19<sup>7</sup>

\*BCBSA National Generational Survey, 2019; BCBSA COVID-19 National Pulse Survey, 2020.

\*Gen-Z: Individuals born between 1995-2015  
Millennials: Individuals born between 1981-1995

## Blue Cross Blue Shield of Michigan provides digital mental health services to all members

In response to the need to broad mental health and resiliency services due to the COVID-19 pandemic, BCBSM partnered with Livongo to empower our members to live better, healthier lives. That includes providing resources for managing heightened stress and uncertainty brought on by the current COVID-19 threat. The new COVID-19 and Mental Wellness resources from Livongo for Behavioral Health, powered by myStrength, are now available through December 31, 2020, to support all members through these challenging times, at no cost.

**Resources include:**

- Strategies to manage heightened stress
- Tips for parenting during challenging times
- Ideas to manage social isolation
- Other tools and information for emotional support

Get started today at [bh.mystrength.com/bcbsmcd19](https://bh.mystrength.com/bcbsmcd19)

## BLUE CROSS COORDINATED CARE™ SUCCESS STORIES

The Blue Cross Coordinated Care™ program was implemented in January 2020 to improve the delivery of our care management services to members across the Blue Cross book of business. Since the onset of the COVID-19 pandemic, the care management staff has been hard at work to serve our members by improving the coordination of their care, connecting them with important resources, and ensuring their social and emotional well-being. As a result of these efforts our members who are at highest risk for COVID-19 have been able to resolve medication adherence issues, get access to important resources, and avoid visits to the Emergency Department. Below are two examples of the many success stories we have seen among our members.

### MEMBER PROFILE

The outreach call resulted in finding a member who was recently laid off and was experiencing anxiety about the layoff and next steps. He didn't really feel like talking on the phone much, however we offered him the text "TALKWITHUS", via the disaster distress helpline. We found out member was concerned with his utilities being shut off. We were able to connect member with DTE and member was told his electricity would not be turned off and arrangements were made due to the pandemic. Additional information on unemployment resources was provided from the Michigan.gov/coronavirus site. Member was so thankful for the resources and expressed appreciation. He also indicated we helped him manage and he now has one less stress, on top of everything else.



### SUCCESS OUTCOMES

- Connected member with DTE who indicated utilities would not be shut off
- COVID-19 resources provided including information on unemployment
- Member initially seemed disengaged but when alternative modes of communication were provided member reconsidered
- Assisted in alleviating member stress

*"If you didn't call, we may not have had any lights next week."*

- Blue Cross Member

### MEMBER PROFILE

Contacted high risk member due to multiple ED visits. Member was very concerned because he was not being able to fill once a day diabetic medication. He last filled it at a CVS pharmacy in New York state because that's where he was at the time. He stated he filled a 30-day supply. He went to fill his medication in Michigan since he had returned, and CVS told him they could not refill it; it was too soon and next time they can fill it is was in 30 days without any further explanation. This is a very important medication that requires adherence and the patient was going to be without it. Pharmacist researched and found that CVS in New York had filled it for the current month. Pharmacist contacted CVS in NY they reversed the claim, and then contacted CVS in Michigan and they were able to refill it with no issues. Member could not believe BCBSM care management could assist with this. Now he will have no issues with being adherent. He indicated that not even his doctor's office was able to figure this one out.



### SUCCESS OUTCOMES

- Resolved medication adherence concerns
- Pharmacist involved and connected with pharmacy in New York to reverse claim and ensure the medication issue was resolved
- Potential avoidance of future ER visits
- Assisted in alleviating member stress

*"Blue Cross, you are alright with me"*

- Blue Cross Member

## PHARMACY INSIGHTS

### National trends

Prescription fill rates have been significantly impacted with COVID-19. On March 16<sup>th</sup>, a significant increase in medications for the following conditions was observed:

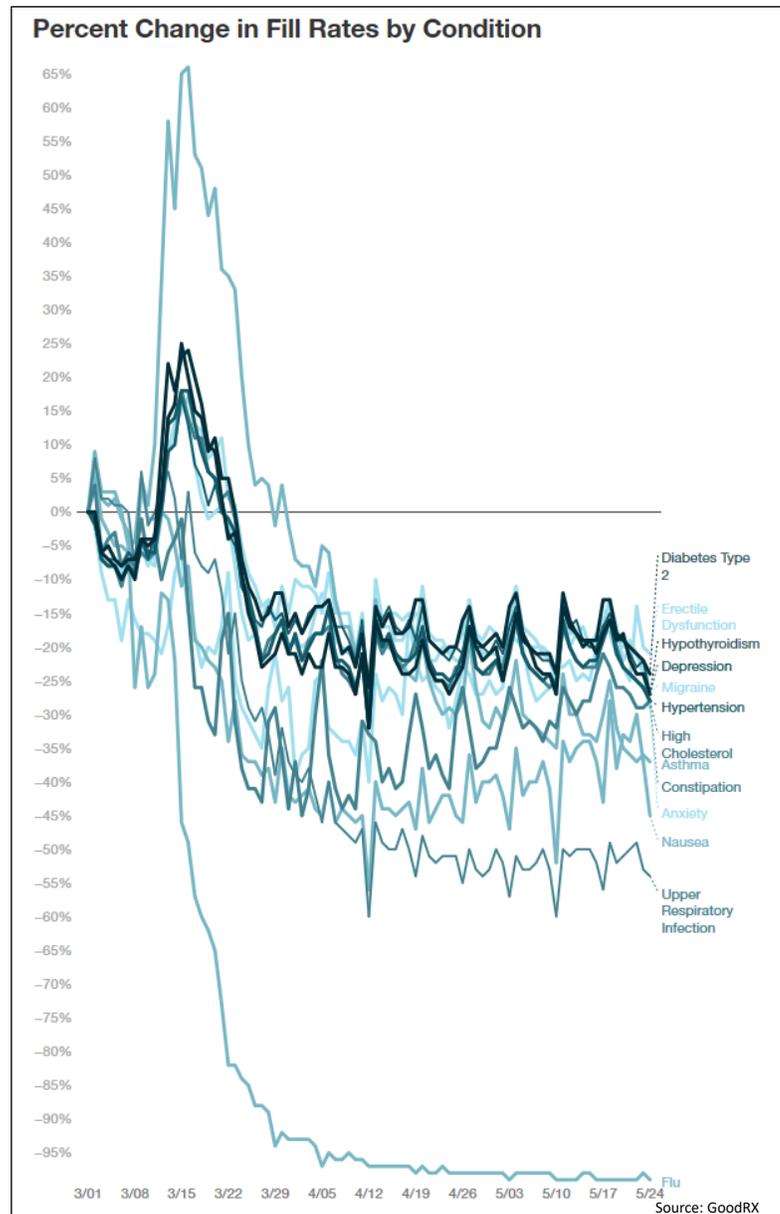
- Asthma: 66%
- Type 2 Diabetes: 25%
- Hypothyroidism: 24%
- Migraine: 18%
- Depression: 17%
- Anxiety: 15%

In contrast, there has been a significant decline in flu shot immunization rates. As of March 16, 2020, flu immunizations were down 47 percent and by April 19, they had declined by 98 percent and remain steady at this rate.

### Blue Cross pharmacy trends

Blue Cross Pharmacy Services has been closely monitoring COVID-19 pharmacy trends. Our observations found:

- A significant decrease in new prescriptions, about 49 percent decrease. We are now seeing this rebound slowly.
- Stable utilization of chronic medications overall during the crisis.
- Early refills peaked in mid-March (going up to 1,500 claims per day, pre-COVID was about 25 claims per day). Current utilization of early refills is about 300 claims per day, which is still not back to pre-COVID levels. The medications being filled early are all chronic medications for diabetes, hypertension, and high cholesterol.
- About a 10 percent decline in opioid prescriptions during the crisis. This is starting to rebound slowly also.
- A 7.8 percent increase in anti-depressant and anti-anxiety prescriptions during the crisis but this has come down, returning to normal levels.
- A significant increase in hydroxychloroquine claims in mid-March but that has also come back down to pre-COVID levels since then



\*Prior to COVID-19 Hydroxychloroquine was most commonly used to prevent Malaria from mosquito bites and to treat autoimmune diseases such as lupus.

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