Thank you for joining the Optum COVID-19 webinar

- The webinar will begin at 2:00 p.m. ET
- All attendees are in listen-only mode
- Audio is only available through your computer audio. No dial-in number is available
- If others in your office want to join the webinar, have them register at http://www.workcompauto.optum.com (Do not share your link with others. It is unique to you.)
- **There are NO CE credits available for this webinar.**

**On24 System Requirements:**
- Windows 7+ (Microsoft Edge, Latest Internet Explorer, Firefox, or Chrome)
- Apple Mac OS 10.10+ (*Latest Firefox, Safari, or Chrome)
- Android 6.x (Chrome Browser Only)
- Apple iOs (*Latest version, Safari Browser Only)

* Official support for the "latest" version of a newly released browser, among those noted above, will be added within 8 weeks of public release. Until then, the previous version will continue to be supported instead.

If you are using an unsupported version of a Windows, Mac, or Linux operating system, you may experience difficulty in viewing and/or listening to the event.
Ask a question

As time allows, we will answer your questions at the end of the webinar. Please enter your questions in the Q&A box.
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• Switch web browsers (Chrome tends to work well)

• Log off and log back in
The facts, the impact and the response to COVID-19 on the Workers’ Comp and Auto No-fault industry

Hosted by David Young, President and CEO
Optum participants

David Young  
President and CEO

Tron Emptage  
Chief Clinical Officer

Dr. Robert Hall  
Medical Director

Heidi Larson  
Chief Information Officer

Kevin Tribout  
Executive Director,  
Public Policy & Regulatory Affairs

Adam Fowler  
Manager,  
Public Policy & Regulatory Affairs
Agenda

1. Pandemic overview
2. COVID-19 information
3. Pharmacy changes
4. Ensuring care for the injured person
5. Providing stability for front-line workers
6. Policy impact in the future
7. Ways to stay safe and help prevent exposure to COVID-19
8. Optum commitment to our clients and their claimants
PANDEMIC OVERVIEW
The continuing developments of the COVID-19, has heightened concerns of our clients, partners, injured persons and our employees.

At Optum Workers’ Comp and Auto No-Fault, our top priorities are the health and wellbeing of those we serve and the safety of those who deliver care.
UHG is working to ensure the safety of our employees and the communities we serve.

GIVING BACK TO OUR COMMUNITIES

$50M COVID-19 relief

$10M internationally

Providing food and shelter

Helping at-risk seniors

Protecting health care workers

EXPANDING SUPPORT FOR MEMBERS AND COMMUNITIES

- Waiving member cost-sharing for COVID-19 treatments* (until May 31, 2020)
- Expanded telehealth programs
- Reduced prior authorization requirements for providers
- Free emotional support line (EAP) and access to Sanvello Premium

APPLYING CLINICAL EXPERTISE TO SPEED INNOVATION

Pioneering new tools like the non-invasive, self-administered COVID-19 test method that streamlines process and reduces PPE usage

Helping to save lives with real-time, real-world data steams across our U.S. network to track and trend COVID-19 case volumes

PROVIDING OPERATIONAL SUPPORT

- Assisting HHS to distribute $30B to providers under the CARES Act

UnitedHealth Group entities will not request or accept CARES funding and are donating all fees paid from administration

- Improving health system liquidity by accelerating $2B in payments to care providers
Protecting our employees, while keeping business running

• Moved 95% of Optum employees to work from home status in about eight days

• Followed our Business Continuity Plan to ensure that client service continued without disruption

• Deployed hardware and software to ensure that employees could take phone calls, access internal systems, and securely work from home

• Provisioned additional circuit and technology capacity to ensure stability

• Leveraged critical vendors to ensure support of our system and hardware needs
Optum implemented additional security measures to address the specific needs of this situation

• Implemented Always On VPN to further harden endpoint security posture
• Implemented heightened monitoring of mission critical digital assets
• Increased tuning of detection systems to explicitly look at attack patterns built to exploit COVID-19

Technology enabled Optum to be nimble and flexible during this rapidly evolving situation.
Optum stands strong and ready to serve our clients and their injured persons

- We remain **staffed and operational** so that every injured person continues to receive the right treatment at the right time.
- We have the support of our parent company UnitedHealth Group, which allows us to remain resilient, stable and work towards creating better health services.
- We have expanded our home delivery program and team to allow injured persons to receive medications at home.
- We stand ready to assist if you need:
  - Support during a disruption in service from another vendor partner
  - To add a supplemental program or new services
COVID-19 INFORMATION
### Comparing COVID-19 to the flu, a cold and allergies

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Coronavirus* (COVID-19 CoV)</th>
<th>Cold</th>
<th>Flu</th>
<th>Seasonal allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms range from mild to severe</td>
<td>Gradual onset of symptoms</td>
<td>Abrupt onset of symptoms</td>
<td>Abrupt onset of symptoms</td>
<td>Abrupt onset of symptoms</td>
</tr>
<tr>
<td>Length of symptoms</td>
<td>7-25 days</td>
<td>Less than 14 days</td>
<td>7-14 days</td>
<td>Several weeks</td>
</tr>
<tr>
<td>Cough</td>
<td>Common (usually dry)</td>
<td>Common (mild)</td>
<td>Common (usually dry)</td>
<td>Rare (usually dry unless it triggers asthma)</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Sometimes</td>
<td>No**</td>
<td>No**</td>
<td>No**</td>
</tr>
<tr>
<td>Sneezing</td>
<td>No</td>
<td>Common</td>
<td>No</td>
<td>Common</td>
</tr>
<tr>
<td>Runny or stuffy nose</td>
<td>Rare</td>
<td>Common</td>
<td>Sometimes</td>
<td>Common</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Sometimes</td>
<td>Common</td>
<td>Sometimes</td>
<td>Sometimes (usually mild)</td>
</tr>
<tr>
<td>Fever</td>
<td>Common</td>
<td>Short fever period</td>
<td>Common</td>
<td>No</td>
</tr>
<tr>
<td>Feeling tired</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Headaches</td>
<td>Sometimes</td>
<td>Rare</td>
<td>Common</td>
<td>Sometimes (Related to sinus pain)</td>
</tr>
<tr>
<td>Body aches and pains</td>
<td>Sometimes</td>
<td>Common</td>
<td>Common</td>
<td>No</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Rare</td>
<td>No</td>
<td>Sometimes for children</td>
<td>No</td>
</tr>
</tbody>
</table>

*Information is still evolving.

**Allergies, colds and flu can all trigger asthma, which can lead to shortness of breath. COVID-19 is the only one associated with shortness of breath on its own.

Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention
The Impact of COVID-19 on the Body Systems
Respiratory system

- Cough and runny nose
- Shortness of breath and difficulty breathing
- Pneumonia
- Acute respiratory distress syndrome (ARDS)

**MEDICATIONS AND TREATMENTS:**
Cough suppressants, bronchodilators, anti-histamines, antibiotics, etc.

Sources:
Cardiovascular system

- Blood clots
- Heart arrhythmias
- Heart failure

**MEDICATIONS AND TREATMENTS:**
Blood thinners (anticoagulants), anti-arrhythmia medications, diuretics, etc.

Sources: [https://covid19treatmentguidelines.nih.gov/overview/](https://covid19treatmentguidelines.nih.gov/overview/);
Nervous system

- Dizziness
- Headache
- Strokes
- Confusion and delirium

**MEDICATIONS AND TREATMENTS:**
Blood thinners, pain relievers, stimulants, etc.

Sources: [https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html); [https://www.powerpak.com/course/content/119721](https://www.powerpak.com/course/content/119721)
## Other body systems impacted by COVID-19

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>RENAL AND URINARY</th>
<th>DIGESTIVE (GASTROINTESTINAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Muscle pain (myalgia)</td>
<td>• Nephritis</td>
<td>• Decreased appetite</td>
</tr>
<tr>
<td>• Body aches</td>
<td>• Kidney failure</td>
<td>• Nausea and vomiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Abdominal pain and diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gastrointestinal bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTEGUMENTARY (SKIN)</td>
<td>IMMUNE AND LYMPHATIC</td>
<td>HEPATIC (LIVER)</td>
</tr>
<tr>
<td>• Skin lesions</td>
<td>• Fever</td>
<td>• Severe infections</td>
</tr>
<tr>
<td>• Rash</td>
<td>• Cytokine storm syndrome</td>
<td>• Elevations in liver enzymes</td>
</tr>
<tr>
<td></td>
<td>• Decreased white blood cells</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- [https://covid19treatmentguidelines.nih.gov/overview](https://covid19treatmentguidelines.nih.gov/overview)
Psychological impact

- Fear
- Anxiety
- Worry
- Grief
- Financial stress
- Depression
- Domestic violence
- Post-traumatic stress disorder (PTSD)
PHARMACY CHANGES
How states are responding to help manage pharmacy processes during COVID-19

Board of Pharmacy and Department of Insurance policy types:

• Pharmacists permitted to dispense early refills
• Some exceptions for certain drug schedules and opioids
• Insurers to allow early refills (suspend refill-too-soon edits)
• Insurers allow up to 90-day supplies where needed (non-inclusive of certain controlled medications)
COVID-19 Pharmacy Refill Related Policies

Note: These policies could include Declarations by the Governor or Emergency Rules issued by the Department of Insurance or Board of Pharmacy and are not often specific to workers’ comp., but apply to provision of pharmacy refills. Policy changes in this area are fast-moving and often temporary. *Louisiana and Texas had specific workers’ comp. policies.

Material and information contained herein is for general information purposes only and is based on our internal research using publically available information.
Louisiana emergency rule - Workers’ comp. specific changes

- Workers' comp. insurers allow refills of prescriptions even if prescription was recently filled, consistent with approval from provider/pharmacist (does not apply to Rx with high likelihood of abuse, such as opioids restricted to a seven-day supply)
- Authorization for at least 30-day and up to 90-day supply, consistent with approval from provider/pharmacist (excepts for C-II’s)
- Home delivery Rx should be mailed to an alternate address if requested
- Waive time restrictions on Rx refills, including suspension of electronic "refill too soon" edits
Texas bulletin - Workers’ comp. specific changes

Workers’ comp. insurers authorize payments to pharmacies up to a 90-day supply for any Rx, subject to remaining number of days authorized by the prescriber, regardless of date prescription was most recently filled.
Delayed workers’ comp. formularies for legacy claims/prescriptions

**Montana**
- Originally scheduled 4/1/20
- Formal request to insurers to delay “until the COVID-19 crisis passes”

**New York**
- Originally scheduled 6/5/20
- Delayed until 1/1/21
How Optum quickly responded to help manage pharmacy processes during COVID-19

**WE PREPARED**

- Proactively removed the refill-to-soon (RTS) edit, which allowed claimants to receive an adequate supply of their medications as they isolate or shelter in place.
- Created a COVID specific formulary to address and treat the symptoms associated with the virus.
- Increased staffing in our home delivery and ancillary teams to meet the high demands for claimant care.
How Optum quickly responded to help manage pharmacy processes during COVID-19

WE MONITORED

• With the RTS edit lifted, we monitored medication dispense activity to assure there was no abuse

• Monitored medications that may make sense to treat COVID-19 symptoms

• Looked at possibility to provide coverage for any eventual COVID-19 vaccine if it is indicated in workers’ compensation
How Optum quickly responded to help manage other healthcare processes during COVID-19

WE EDUCATED

• Educated our internal staff on new processes and tools
• Contacted claimants and clients to assure adequate supplies of critical medical supplies such as oxygen, catheters and CPAP machine supplies
ENSURING CARE FOR THE INJURED PERSON
State actions are introducing or expanding the use of telemedicine

• Many state workers’ comp. agencies issued emergency/temporary policies permitting or expanding ability to use telemedicine

• Some stemmed from related underlying Medicare policy changes
Workers’ Comp. COVID-19 Telemedicine Related Policies

Note: Many states have activated temporary policies around the usage of telemedicine for workers’ compensation claims. This may include coverage of non-complicated visits, billing codes and reimbursement rates. Policies are to encourage social distancing.

Material and information contained herein is for general information purposes only and is based on our internal research using publically available information.
State actions are introducing or expanding the use of telemedicine

- Addition of payable billing codes and modifiers
- Patient’s home as an origination site
- Waive pre-existing prior auth. requirements to use telemedicine
- Payment parity between telemedicine and in-person visits
- Expanded to Physical therapy/Occupational therapy

Source: TDI Division of Workers’ Compensation
PROVIDING STABILITY FOR FRONT-LINE WORKERS
Occupational illness/disease as part of workers’ compensation

• States address occupational illness/disease through existing workers’ compensation laws
  – Coal worker's “black lung”, from inhaling too much coal dust working in a coal mine
  – Hearing loss, from not wearing adequate ear protection in occupations with loud noises
  – Needle-stick exposure for healthcare workers or exposure to bodily fluids by correctional officers

• An accepted “nexus” in place
Growth of presumptions meet COVID-19

• States adding presumption policies for first responders/fire-fighters
  • PTSD or certain cancers
  • Presumption provides the “nexus”

• COVID-19 policies adopted by Executive Order or Emergency Rule
  • Focused on critical frontline workers such as healthcare workers, fighter-fighters, EMTs and in some cases “essential” workers
  • Policies and presumption requirements differ across states
  • Definite impact to the system - WCRIB study in CA indicates a possible median impact of $11.2B to the system
  • COVID presumptions attempt to create “nexus” for these claims
State legislation

Minnesota – House Bill 4537 (04.6.20)

• An employee who contracts COVID-19 is presumed to have an occupational disease arising out of the course of employment if the employee satisfies requirements of clauses (1) and (2).

• (1) Employee was employed as a licensed peace officer; firefighter; paramedic; nurse or health care worker, correctional officer . . . under Executive Order 20-02 and Executive Order 20-19.

• (2) The employee's contraction of COVID-19 must be confirmed by a positive laboratory test.

Wisconsin - Assembly Bill 1038 (4.15.20)

• For purposes of workers' compensation, an injury caused to a first responder, during any public health emergency declared by the Governor on March 12, 2020, by executive order 72 and ending 30 days after order termination, is presumed to be caused by the individual's employment.

• The presumption requires a diagnosis or positive test for COVID-19, and may be rebutted by specific evidence that the injury was caused outside of employment.
State regulation

Arkansas - Governor Executive Order (4.15.20)

- Suspension of Ark. Code that currently requires a contagious or infectious disease be contracted in or in immediate connection to a hospital or sanatorium to allow first responders and front-line healthcare workers to seek workers’ compensation for exposure to COVID-19 in the line of duty outside those settings.

- Suspension of ARK. Code that currently bars compensation for exposure to a disease to which the general public is exposed to allow first responders and front-line healthcare workers to seek workers’ compensation for exposure to COVID-19 in the line of duty.

Illinois - WCC Emergency Rule (4.13.20) – Eventually rescinded

If the petitioner's injury or period of incapacity resulted from exposure to the COVID-19 virus during a COVID-19 state of emergency, the exposure will be rebuttable presumed to have arisen out of and in the course of the petitioner's COVID-19 First Responder or Front-Line Worker employment, and further, will be rebuttable presumed to be causally connected to the hazards or exposures of the petitioner's COVID-19 First Responder or Front-Line Worker employment.
COVID-19 presumptions map for first responders and healthcare workers

Updated every Friday.
*Additional presumption language for this state is provided below.

- Legislation
- Emergency Declaration by Governor, DOI or WC Agency
- WC Agency Bulletin regarding existing exposure requirements
- No action to date
POLICY IMPACT IN THE FUTURE
Changing WC policies and processes – Short-term

**SHORTENED 2020 LEGISLATIVE SESSIONS**

- Focused on budgets – State budget deficits are rising – special sessions
- More COVID-19 related funding issues for municipalities
- Diminished chances for WC reforms, formularies and PTSD presumptions

**STATE WORKERS’ COMPENSATION AGENCIES**

- Agency funding from WC premiums
- Furloughed or reduced staff for remainder of budget year
- Ability to engage in rule-making
## Changing WC policies and processes – Long-term

### 2021 LEGISLATIVE SESSIONS

- Election results at state level will be interesting
- Post-election legislatures tend to be more active, WC reform efforts?
- Ongoing budget deficits into 2021

### STATE WORKERS’ COMPENSATION AGENCIES

- Embrace distance hearings and proceedings
- Impact on premium and ratings for states
- Impact to general system costs, reduced healthcare costs
Telemedicine activity: Bills by date of service

Source: TDI Division of Workers’ Compensation
Telemedicine activity: Office visits

Source: TDI Division of Workers’ Compensation
WAYS TO STAY SAFE AND HELP PREVENT EXPOSURE TO COVID-19
Steps to limit your exposure to COVID-19

**Planning for time outside the home**
Grocery store visit once per week

**Take advantage of special store hours**
Older adult or high-risk populations

**Use telehealth if possible**
Decrease exposure to patients who may be sick

**Have lab work close to home**
Schedule appointment for early in the morning

**Identify someone in your family or community**
To check in on
Steps to help prevent the spread of COVID-19

1. **Wash hands with soap and water**
   - For at least 20 seconds

2. **Avoid close contact**
   - Social distancing

3. **Avoid touching face**
   - (eyes, nose, and mouth)
   - Wash hands before touching contact lenses, use your sleeve to scratch your face

4. **Stay home when you are sick**
   - To decrease risk of spreading to friends, family, and co-workers

5. **Clean surfaces**
   - Frequently touched objects and surfaces
Steps to boost your immune system

- Get plenty of rest
  To keep your immune system strong

- Decrease your worry and anxiety
  Stress weakens our immune system

- Comorbid conditions
  Higher risk with HTN, DM, keep your levels under control

- Eat a balanced diet
  Foods that can boost your immunity

- Get some sunlight
  Be safe when outdoors from a social distancing standpoint

- Exercise regularly
  Not to exhaustion
OPTUM COMMITMENT TO OUR CLIENTS AND THEIR CLAIMANTS
Optum Workers’ Compensation and Auto No-Fault stands ready to support your needs during these challenging times.
Information and support for our clients and injured persons

Please visit and bookmark the Optum COVID-19 Resource page for the latest information and updates on the impact to workers’ compensation and auto no-fault.


Send additional questions to: OWCAcommunications@optum.com

Optum support line
to help individuals affected by mental and emotional stress during this time

1-866-342-6892
About Optum Worker’s Comp and Auto No-fault Solutions

Optum Workers’ Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and medical services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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