

Joint Health Care Committee
November 21, 2013

Premera is now offering a much broader range of coverage under the new plan including pharmacy coverage

David Testerman: Premera pharmacist
Pharmacy is the most used benefit- 80% utilization
Premera's customer service center is staffed by pharmacists
The largest national PBM (pharmacy benefit management)- Express Scripts
Coordination of pharmacy and medical coverage reduces overall cost

Benefit Design

Algorithm automatically evaluates pharmacy claims
Review clinical rules, limits
The university developed the co-pay rates/ Premera determines the tiers
Tweak the plan based on usage and feedback
Prior authorization transferred over from former vendor
Some drugs will now require prior authorization
If so, there will be a point of sale message to the pharmacist

Premera's Pharmacy and Therapeutics Committee
Independent physicians
Make value assessments— determine preferred drugs
Review new generics for example

Partner with Express Scripts
Broad pharmacy network
Network discounts and rebates— can provide revenue
Efficient claims processing
Mail service = additional discount
Rational med— reviews medical claims with pharmacy — could stop prescription
Provide physician with options
Mail order service takes into account AK climate
Worry free refills- automatic
More savings via mail service for name brand drugs

REQUEST: 90-day on-location prescriptions for generic drugs
People like to support their local pharmacy, but want 90-day savings

P&T Committee diligent regarding drugs
Meet quarterly

Specialty Pharmacy Program
Growing at 18%— projected to rise to 50% plan cost
Treat complex medical conditions

Make sure drugs are properly utilized, dosed, administered
2 vendors Walgreens and Acreedo
Cap cost increase at 8%
Injectibles— sometimes medical claims sometimes pharmacy claims
Automatic review of compound products over \$200
Clinical counseling suggested but not required
Telephonic service from therapeutic centers

IHM Integrated Health Management
(Generic data provided)
Follow-up case management can prevent returning to hospital
Identify gaps in care e.g. behavioral health
Controlled substance utilization
Provide outreach and intervention
Peer to peer review
Spotting abuse: multiple providers a key indicator
Limit multiple prescribers— deny claim at P.O.S.

Share information on case management—members will better understand why their insurance company is calling

Utilization management
Is it necessary? Is it correct? Is it safe?

Nurseline calls
Redirect to the right level of care
Good utilization so far
Number printed on the front of Premera card

Disease management program
5 conditions consume 75% of health resources
Strong correlation between lifestyle and health
Handed off population from Allere
Specialists make the calls
Motivational interview style
(eliza) personal health support coaching

Digital Health Coaching
Online and e-mail newsletters

Prior Authorization
Non-emergency procedures

Online list of all pre-service review procedures
Prior authorization done by the provider

Penalize?

Why prior auth.? Estimated impact
Provide information to employees

Reinforce using in-network provider

Experience report review
Claims data July-June

Premera website
Mobile app
Paperless EOB

Vendor Summit 2013
November 22, 2013

Purpose: to find ways to work better together
Educate vendors on services provided by other vendors

Premera-
Account team representatives
(Did not repeat the presentation from the day before, instead answered questions)

Request to clarify language regarding hospice care coverage
Personal health support
Concerns about depression and mental health
80% patients with health/heart conditions also have depression
PH7- seven questions used in diagnosis
Depression is addressed with every call
Work with behavioral health specialists
Screenings are part of the service
Request to remove all references to "disease management"
Add pre-diabetic language encourage enrollment early
Request 90-day generic scripts on location

Provider contracting
Alaska-based review
Regulatory considerations
Bring up minimum payout
AK cost of healthcare 3rd highest (D.C. and NYC)
UCR regulation- pay 80th percentile
UCR= Usual and customary reimbursement
Frequent high costs with specialists
There is no price ceiling

New “pay to” statute introduced by Wess Keller
Opposition to it from hospitals
Out of network- direct payment
Introduce co-signature: member/provider
More motivation to contract with network

Air ambulance
Non-contract is triple the price— hold market dominance
Work with provider
“The \$100,000 phone call”
Need a process to inform providers
Guardian is \$1000,000 more expensive than LifeMed or Airlift North

Medical travel support
Take advantage of lower costs outside
Impacted provider community—encouraging contracting
Need to educate: it’s a member choice—expands options
17 procedures covered— all safe, travel friendly, demonstrate cost avoidance
Guarantee cost savings
Cost containment information on web portal

Best Doctors
Cheryl Warren, account executive
Lots of partnership opportunities
Benefits communication is always a challenge

Best Doctors is a virtual second opinion
Work with large employers—assist their members

Obstacles to effective care make 2nd opinions common

Ensure members have the right diagnosis and service plan
Inter consultation—confidential 2nd opinion
Ask the Expert—don’t Google it!
Find Best Doc— reference service
Digital records

Only deal with medical cases, not dental or behavioral

What are the best next steps?
Set up an appointment
Assign a team
Member authorizes the release of medical record
Team gathers info. and summarizes case
Top-rated specialists review the case
Re-look at everything

Write recommendation on whether the treatment or procedure is right
Send records back— review them with member
Answer questions, provide information
Offer advice for approaching the original doctor

Ask the Expert
Answer questions not requiring in-depth review

Find Best Doc
Match member with in-network specialists or providers

Medical records summary
Member authorizes multiple records pull
Digitize records
Provide health summary
Send digital records to member via secure e-mail or overnight fedex

Best Doctors- 30 consultations for UA
23% change diagnosis
71% change in treatment

Medical review 4-5 weeks

Consultant “owns” the case

In general: 60% wrong diagnosis and/or treatment— reason for 2nd opinion

VSP
Diabetes is the #1 cause of vision deterioration

Regular eye exams are an important part of medical care

Setting up data share with Premera

3 Services offered
Medical data collection
Patient exam and condition report
Exam reminder report

Extend benefit \$20 Jan. 1—VSP benefit/promotion

Want to drive members more to the website
Website includes frame styles carried by a vision doctor

Tru hearing discount partnership

ComPsych
Allison Madge and Elizabeth Thompson

12 yrs. Health coaching
Online health improvement
Biometrics
Health risk assessments

Determine individual journey

Build a healthier workforce

Projected schedule
Launch portal Jan 1
Full launch Feb 1
On-site March

Healthyroads.com

Personal health assessment
Biometric data integration

Personal health improvement plans

Health trackers

Training, courses, library

Mobile devices options

Wellness, lifestyle, behavioral health

Personal scorecard/ dashboard
Biometrics and lifestyle

100 online coaching
200 additional coming

Personalized SMS/email health tips

Daily challenges, share socially

Challenges (systemwide) and competitions (individual or group)

Biometrics integrate with scorecard

Engaging high risk individuals

Biometrics #1

UA does not see individual data

Targeted messaging

HIPPA safe— no disclosure to UA

Lifestyle coaching

Phone in available anywhere

Onsite in Fairbanks, Anchorage and Juneau

Medical conditions—will refer to Premera

Lifestyle= coaching

Can switch coach; otherwise 1 coach

Have Saturday hours (phone)

5 a.m. to 6 p.m. AK standard time

Brainstorm session: how to work together

Plan for integration of services and “warm referrals”