

**Center for Health** 

# HealthFlex Vendor and Administrative Updates

HealthFlex Summit November 5, 2015



General Board Pension and Health Benefits

Caring For Those Who Serve

# Agenda

- Vendor Updates
  - OptumRx (formerly Catamaran)
  - Businessolver
  - CIGNA/Anthem
  - OneExchange Timeline
- Annual Election
- Vendor Management



# **OptumRx (Formerly Catamaran)**— **Changes**

### **OptumRx and Catamaran are now one!**

### What Is Changing?

- Communications co-branding
- Combined formulary—January 2016
- New medical/Rx ID cards
- New "state-of-the-art" mail-order center
- Website enhancements
- Greater purchasing power
- Enhanced reporting infrastructure

### What Is Staying the Same?

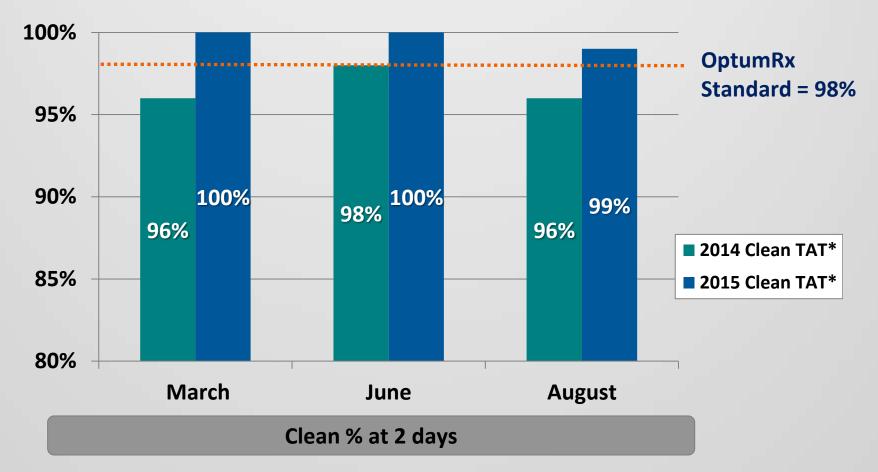
- Website URL; phone number
- Underlying claims system
- Retail networks (possibly broader)
- Mail-order processes, forms
- No need to resubmit existing prescriptions
- Access to leadership
- Continued commitment to improve

# **OptumRx—Combined Formulary**



- Effective January 1, 2016
- Slightly higher impact
- Letter sent late October 2015
- Leverages greater economies of scale

# **Mail Order Progress**



<sup>\*</sup> TAT: Turnaround time

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<sup>\*</sup> TAT: Turnaround time

# **OptumRx—First Call Resolution Reporting**

### Area of Opportunity: Reduce number of calls needed for resolution

### **New First Call Resolution Methodology**

- Evaluate callbacks within 10 days for same reason
  - Evaluating 15-day window
- **Success:** Few to no call-backs within the window (issue resolved on first call)
- **Goal:** Identify opportunities for process improvement and coaching

## **OptumRx**—First Call Resolution Reporting

### Monitoring began with Q1 2015

**Goal: 95%** resolved on first call using 10-day window

Results: 94%

**Goal: 95%** of prior authorization resolved using 10-day window

Results: 89%

**Action:** Review calls for training/process improvement

## **OptumRx—Patient Advocate Team Pilot**

- Proactive telephonic outreach to members who may need additional support based on:
  - Frequent callers
  - Members who have had escalated issues or multiple customer service issues in the past
  - Members who have large number of prescriptions
- Pilot evaluation
  - Participant satisfaction survey to gauge program success
  - Evaluate after January 1 to determine program's future

# **OptumRx**—Audit

### Catamaran audit—scope

- Financial guarantees and performance
  - Discounts and guarantees across retail, mail order, specialty

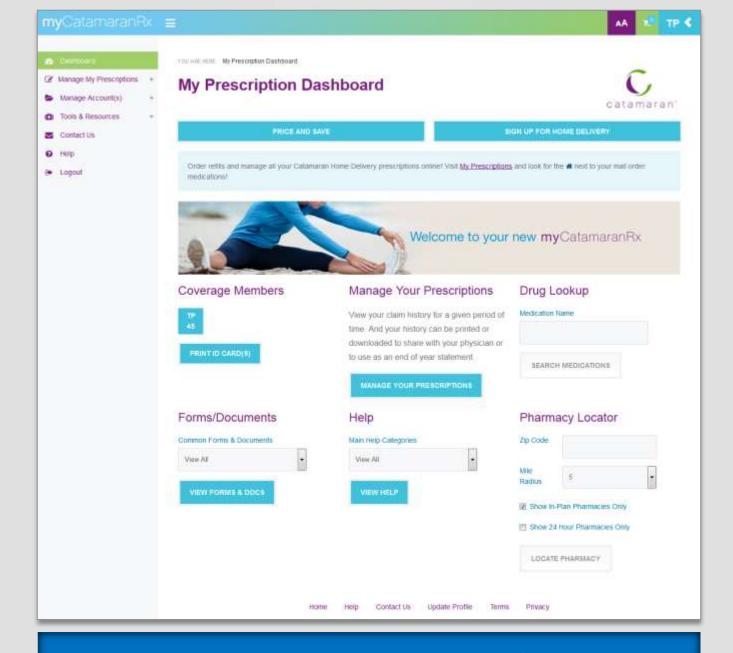
### Claims adjudication

- Proper application of plan design and rules
- Proper administration of drug coverage and clinical rules
- Formulary application
- Refill requirements and quantity
- Adjustment and exception processes
- Regulatory compliance

# **OptumRx**—Audit

### **Catamaran audit—results**

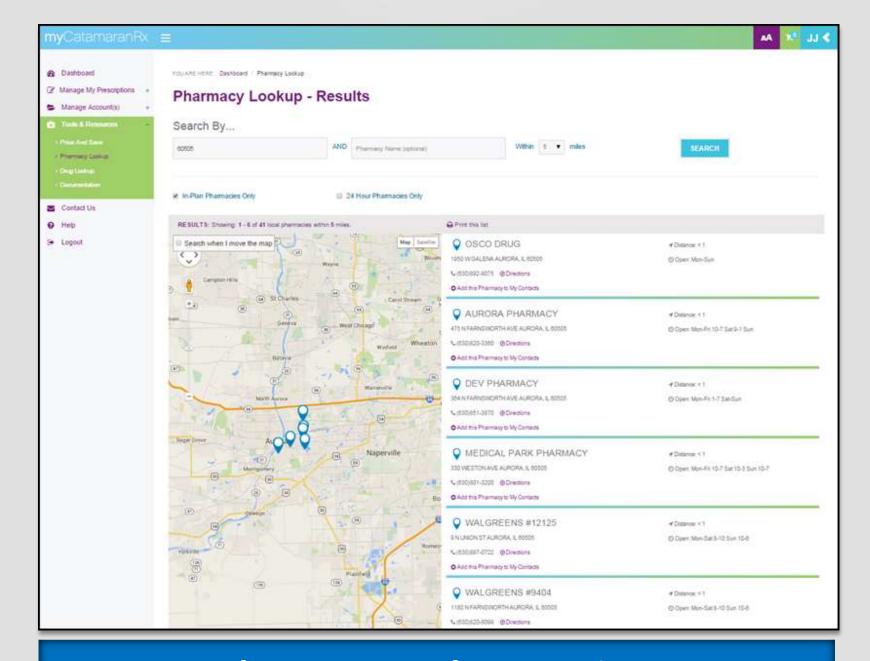
- Strong results compared to other PBMs\*
- Most initially denied claims were due to prior authorization issues
  - Denial rate consistent with other PBMs
  - Continue working to improve the process



### myCatamaranRx Preview

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		d 03/20/2015 🗸	Last Fill Date: Most Recent	
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## myCatamaranRx Preview



### **Pharmacy Lookup Preview**

# myCatamaranRx—Website Refresh

### **Drug Lookup**

 Find detailed drug information, generic equivalents, interaction alerts

### **Price and Save**

- Real-time cost lookup based on plan pricing
- Mail-order and generic price differences

### **Prior Authorization Information**

Approval status and history

### Documentation

• Mail-order forms, preferred drug lists, FAQs



# **Businessolver—Administrative Updates**

### Invoices

# Eventual expansion of self-service to traditional model

### **Payroll report**

# **Businessolver**—Invoices

	5 Trial Invoice)							
Previous Month's Total Due	Previous Month's Payment Amount	Unpa	iid Balance	Current Month's Net Total Due		Payment Due Date		
\$377,940.20	\$377,940.20		\$0.00	\$214,577.06		10/31/2015		
Location		Policy Number	Policy Number Prepared		Billing Period		Remit Payment to:	
Sample Conference 123 Main Street Anytown, IL 60025		123456 Sample Conference	09/15/2015	October 2015 Trial Invoice General Board of Pension and Hei P.O. Box 75783 Chicago, IL 60675-5783		counts Receivable-HealthFlex		
PLEASE PAY THIS AMOUNT \$214,577.06								
Coverage		Enrolled	Amount					
Medical		164	\$166,524.00					
Medical-Dep Only		11	\$11,597.00					
Dental		144	\$7,550.00					
Vision		150	\$68.06					
Total Premium			\$185,739.06	Please remit payment as billed by the end of the			the end of the	
Flexible Spending Medical		42	\$7,924.88	month. Please pay the amount in the "Please Pay This Amount" box and not the "Current Month's Net				
Flexible Spending Dependent		8	\$2,799.99	Total Due," as this does not reflect any unpaid				
Health Savings Account		9	\$4,488.08	balance. If you note any discrepancies, please contact the General Board's Health Team.				
Defined Contribution		162	\$155,500.00	Adjustments will be made on the following mon invoice.			following month's	
Premium Overage Owed			\$43,864.11					
Current Month's Net Total Du	e		\$214,577.06					

# **Businessolver**—Invoices

Previous Month's Total Due	Previous Month's Payment Amount	Unpaid	Balance	ce Current Month's Net Total Due		Paymer	Payment Due Date 10/31/2015	
\$377,940.20	\$377,940.20	\$0	.00			10/3		
Location	6	Policy Number	Prepared	\$2	14,577.06	Remit P		
Sample Conference 123 Main Street Anytown, IL 60025		123456 Sample Conference	09/15/2015	October	2015 Trial Invoice			
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efined Contribution		162	\$15	5,500.00				
emium Overage Owed			\$43	8,864.11				
urrent Month's Net Total Due			\$21	4,577.06				

# **Businessolver—Self-Service**

### **Empowering participants to take charge of benefits**

### **Self-Service**

- Add/remove dependents from coverage with life event
  - Marriage
  - Birth/Adoption
  - Member gains/loses coverage
- Change reimbursement account amount with life event

### **NOT Self-Service**

- Adding a dependent to the system (must be done through Benefits Access Portal)
- Waiving coverage without penalty (requires waiver form)
- Death events
- All transactions for certain populations (e.g. OneExchange, split couples, MSP\*)

#### \* MSP: Medicare Secondary Payer

# **Businessolver—Self-Service**

- Available to HealthFlex Exchange group
   January 2016
- Eventual roll-out to traditional plan sponsors
   —Timeline—TBD
- Payroll report identifies changes before invoice is generated

# **Businessolver—Payroll Report**

Key Fields	Frequency
Participant	Determine by plan sponsor
Coverage (plan)	<ul> <li>Weekly</li> </ul>
Tier	<ul> <li>Semi-monthly</li> </ul>
Effective date	Monthly
Term date	
Transaction reason	
Transaction date	

# WageWorks



## WageWorks—New Account Types

- HSA\* administration
- Limited-use account (MRA\* and HRA\*)
  - Only while participant is enrolled in a high-deductible health plan (HDHP) and eligible to contribute to an HSA
  - MRA and HRA can only be used for dental and vision expenses—"limited-use"
- \* HSA: Health savings account MRA: Medical reimbursement account HRA: Health reimbursement account

# Medical Reimbursement Account (MRA)—Carryover



Limited risk for participants as medical/Rx costs continue to rise

### 2015 contributions are under "carryover"

- 2015 MRA balances available through **December 31, 2015**
- Up to \$500 can be carried over into the following plan year

### 2016: Participants allowed up to \$3,050 MRA

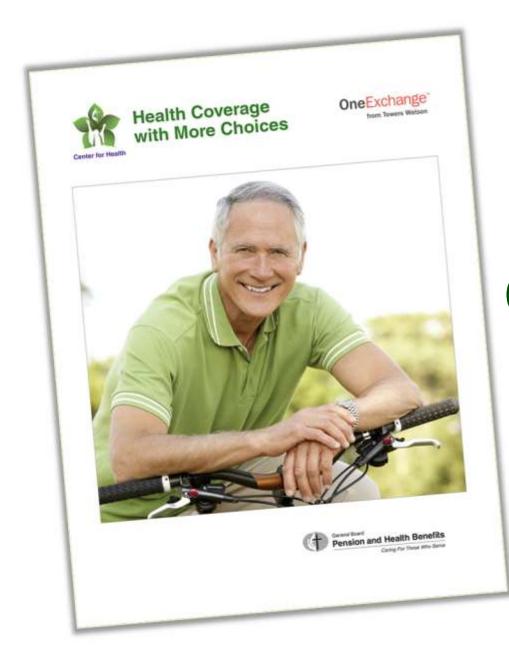
• \$2,550 elected + \$500 carryover

# **CIGNA Acquisition by Anthem**

July 24, 2015	<ul> <li>Anthem announced definitive agreement to acquire CIGNA Corporation</li> <li>CIGNA remains separate, independent until closing</li> </ul>
Second-half of 2016	CIGNA expects transaction to be completed
2016 plan year	No expected changes to HealthFlex dental plans

# **Breach Updates**

- Anthem and Premera—no new information
- Excellus—we have provided list of impacted participants and sample letters
  - Approximately 800 HealthFlex participants
- Reviewing security protocols with all vendors
  - Especially: Blue Cross and Blue Shield of Illinois, UnitedHealthcare and OptumRx



# OneExchange Update

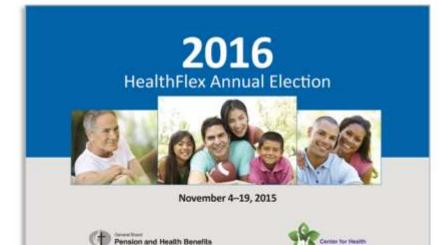
# **OneExchange**— **Open Enrollment for 2016**

- Open Enrollment for 2016
  - October 15 December 15
  - Possible plan sponsor communication
- 25% of existing population call each year
   Typically only 4% 5% switch plans
- Thank you for submitting new HRA amounts
- Planning a call in Q1 for OneExchange plan sponsors
- Deadline for 2017 adoption—April 30, 2016

Reminder: Switching plans should be done directly with OneExchange—not with the carrier.



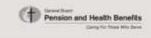




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November 4–19, 2015 More options this year through HealthFlex Exchange!





# **Annual Election**

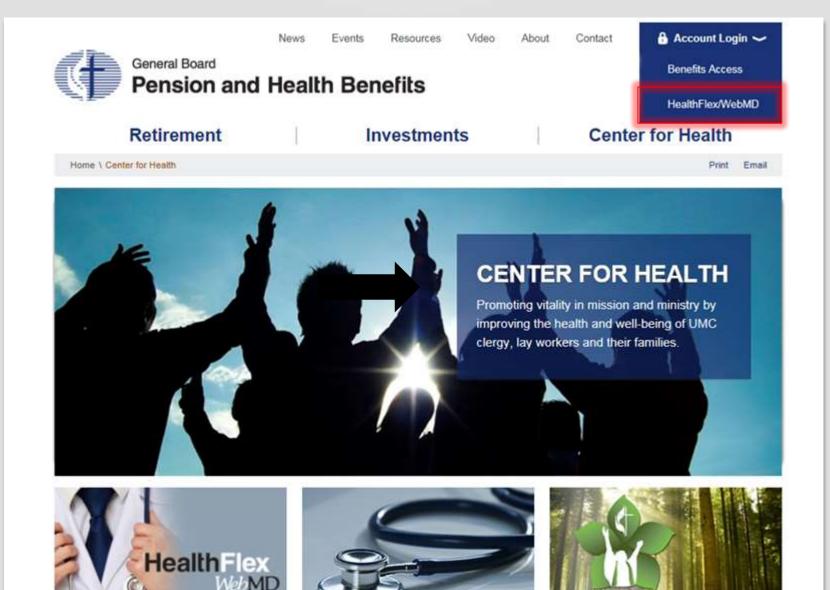
# **Annual Election**



### Elections will be made through Benefitsolver

- Access via WebMD single sign-on (SSO)
- Unique situations will require elections made by form

November 4–19, 2015 Annual Election period



### HealthFlex/WebMD Website

Center for Health

# **HealthFlex/WebMD Website**

#### HealthFlex Vendor Links

#### Please select the links that apply to you.

- BlueCross BlueShield\*
- OptumRx (formerly Catamaran) Prescription Drugs\*
- Reimbursement Accounts\*
- · Vision Service Plan (VSP)
- CIGNA Dental
- · EAP-Live and Work Well
- United Behavioral Health
- Quest Diagnostics Blueprint for Wellness\*
- Join Virgin Pulse
- Virgin Pulse Members
- · Evive Health Reminders
- Weight Watchers

\*Denotes SSO and no further login is necessary.

#### **Details and FAQs**

Need more information about a HealthFlex Exchange program or benefit? Check the links below for detailed information:

 <u>Guide to Accessing your HealthFlex Benefits</u> (for new hires)

#### Wellness/Incentives

- 2015 Incentives FAQ
- Evive Health FAQ

#### HealthFlex Exchange plan information

- <u>Consumer-Driven Health Plan (CDHP)</u>
  Brochure
- <u>Consumer-Driven Health Plan (CDHP)</u>
   Frequently Asked Questions

#### **Reimbursement Accounts**

- · WageWorks Health Accounts Information
- Health Reimbursement Account (HRA)
   Frequently Asked Questions
- Understanding Flexible Spending Accounts (FSAs)
- Debit Card Frequently Asked Questions

#### **Center for Health Videos**

Want to learn more about the benefits and wellness services available through HealthFlex? Watch our videos. Topics include:

- · Pastor Couple Chooses to Walk
- · How Work/Life Services makes your life a little easier
- . The Truth About Health Coaching: The Rev. Roy Nevil Story
- . Blueprint for Wellness Makes a Difference: The Rev. Dr. Oliphint Story
- What is the HealthQuotient (HQ)

Let us know what other topics and services you'd like to learn about by video!



**HQ Completion Status** 



Guide Your Health Care Choices with These Useful Tools!

During Annual Election or any major life event, use <u>Coverace Advisor</u> to estimate your out-ofpocket medical expenses under the CDHP. Coverage Advisor also can help you estimate how much money to set aside in your flexible spending account (FSA).

News

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# **Participant Decision Supports**



• Estimate costs based on available plans

### **Details and FAQs**

• HealthFlex features, reimbursement accounts, wellness programs and incentives

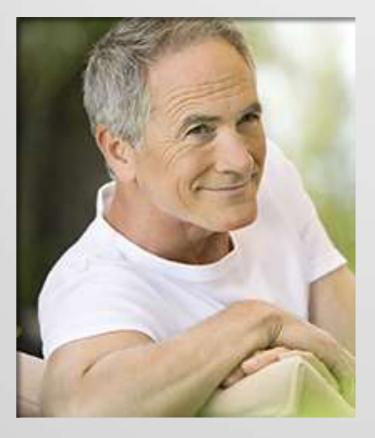
### **Consumer Tools to Guide Your** Health Care Choices

 Medication costs, in-network providers, plan comparisons

### **Reference Center**

 Summaries of benefits and coverage, benefit booklets and highlights sheets, reimbursement accounts

# **Annual Election—Waivers**



- Participants are able to waive coverage during Annual Election
- Waiver form needed to avoid penalty
  - Must be submitted during
     Annual Election period

# **Annual Election—Coverage Audit**



### Proactive outreach to participants who select certain benefit combinations

- Participants who elect HDHP and waive HSA
- Participants who try to cover different dependents in medical vs. dental vs. vision plans

# **Continued Focus**— **Vendor Management Strategy**

- Optimize service delivery for participants and plan sponsors
- Foundation of metrics and controls
  - Performance guarantees, service level standards, process controls, etc.
- Issues trend management
  - Identification of overall trends to proactively limit recurrence of issues
  - Example: Working with all vendors to put performance guarantees in place relating to data security and breaches
  - Clear escalation processes (timing, expectations) for participant and plan sponsor issues
  - Monitor and improve controls to prevent errors
- Integration of vendors
  - Ensure alignment in approach and customer focus
- Market check for best-in-class services and costs



## **Center for Health**