



Wespath

BENEFITS | INVESTMENTS

HEALTHFLEX SUMMIT—SEPTEMBER 2018

Pharmacy Benefits — A Closer Look



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Agenda



Customer Service



Objectives of a PBM Partnership



Opioids—A Nationwide Health Concern



Rx Transparency—Coupons/Rebates

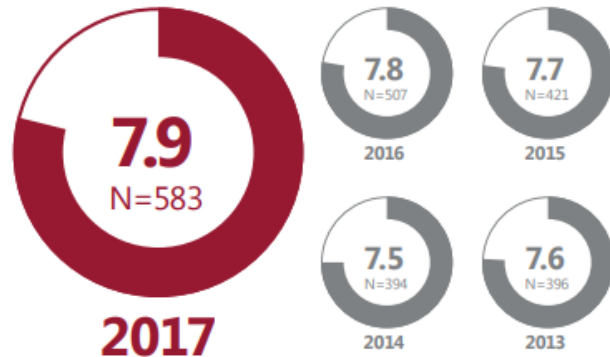


Q&A and Discussion

PBMs and Customer Service

Service Is a Challenge of PBMs*

Satisfaction has been gradually increasing.



* Source: The PBMI 2017 PSM Customer Satisfaction Report

Vendor Relations and Health Team

- Strive to improve service
- HealthFlex listens

Customer Service

Current Challenges

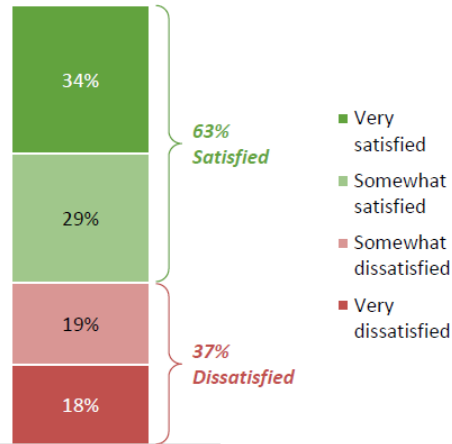


- Where is my prescription?
- Why won't HealthFlex give me what my doctor says I need?
- My doctor said she sent everything in!
- Inaccurate information

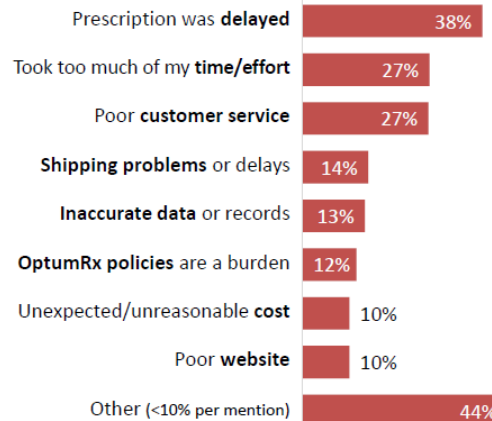
Customer Service: Survey Results—2016

Results from 2016 Survey

Satisfaction with OptumRx Mail Order



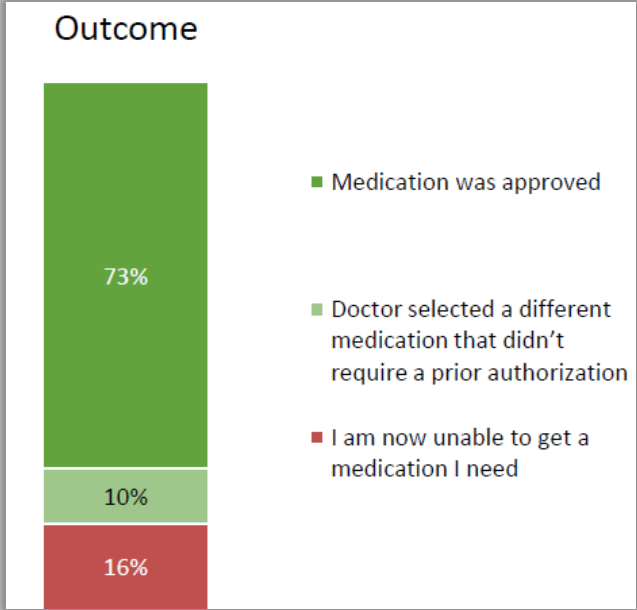
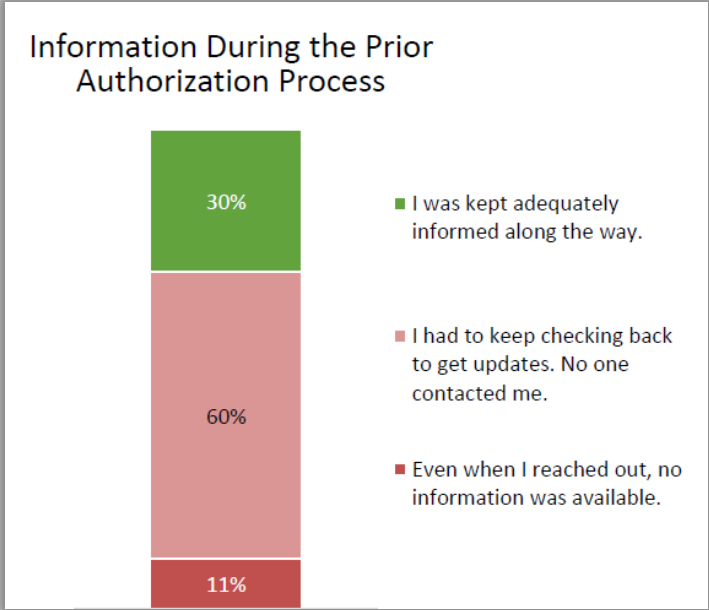
Reasons for Dissatisfaction (multiple open-end responses allowed)



**78% fill via mail order—
37% were dissatisfied**

14% dissatisfied with retail

Customer Service: Survey Results— Prior Authorization



Prior authorization was identified as a challenge

Customer Service: 2017 Plan Sponsor Scorecard Results

66%

**of responding plan sponsors
are dissatisfied with OptumRx**

Deeper Dive into Assessing Rx Service Levels

1. Careful review of turnaround times
2. “Secret shopper” call analyses



Conclusion: The vast majority of interactions with OptumRx are going right.

Customer Service: Mail Order

Turnaround Times

- Over 99% clean scripts filled within 3 days
- Over 96% of exceptions filled within 5 days



What Can Hold Up a Mail Order Shipment

- Credit card expired
- Medication out of stock
- Prior authorization needed

Is OptumRx Providing the Right Information?

- Patient advocate completes “secret shopper” calls
- 20 per month

Question/Scenario

Pass %

• Did the advocate(s) explain the reason of the prior authorization process?	95%
• Did the advocate(s) offer to research any covered alternatives?	95%
• Did the advocate(s) offer to initiate proper prior authorization forms to the providers office?	95%

Customer Service: Getting the Rx You Want

Utilization Management— Plan Rules for Safety and Cost Control

- Prior authorizations
- Step therapy
- Quantity limits
- Concurrent Drug Utilization Review (cDUR) program



Customer Service: Getting the Rx You Want



75%

physicians and staff describe **high or extremely high burden** associated with prior authorizations

9 out of 10
physicians report delayed access
to necessary care when a
prior authorization is required



Improving Service: Pre-Check My Script

The prior authorization process

In the traditional model, the claim is rejected at the pharmacy



With PreCheck MyScript, physicians receive
real-time accurate data at the point of prescription



Customer Service: Vigilant Drug Program

Clinical Quality

New to Market Edit



Me Too



Non-Essential



Customer Service: Vigilant Drug Program

Cost-Saving

- High-cost brands with generics
- High-cost generics
- Rx with OTC
- Medical benefit specialty



Customer Service Done Right



Scenario:

A distraught Wespath participant has been denied a newly-prescribed medication.

Result:

Within 2 hours, with multiple touch points, Wespath solves the issue.

11:00 a.m.

Participant frantically notified Wespath that she was having difficulty getting an important specialty medication for her son approved by BriovaRx



11:35 a.m.

Wespath staff contacted OptumRx and BriovaRx to inquire about the delay

- Audits new medications for safety
- Quality control
- Best interest of the participant



12:55 p.m.

OptumRx pharmacist agreed with rationale provided that:

- The member had already been on the medication
- It was improving quality of life
- It was cheaper



1:00 p.m.

- Override requested by Wespath
- Override applied by OptumRx
- Medication expedited to the member via BriovaRx
- The participant was relieved and grateful



Over the next month:

Wespath and OptumRx follow up with Pharmacy and Therapeutics to ensure the next month's medication isn't delayed.

Partnership Objectives: Service + Savings

Church Benefit Association— Pharmacy Coalition

- Leverage tens of thousands of lives
- Share cost of RFP

Market Checks:

Annually to optimize lowest cost available



Partnership Objectives: Service + Savings

- OptumRx's Premium formulary
 - Exclusions
 - Cost savings (pricing and rebates)
- Vigilant Drug Program



Coupons / Copay Cards / Rebates

How Do They Work?

Coupons



Co-Pay Cards



Rebates



Coupons, Copay Cards and HealthFlex

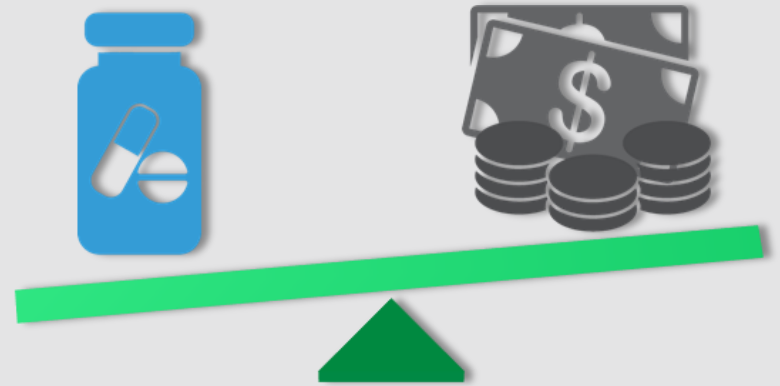
How They (Don't) Work Together

- Drug costs remain high or even increase
- Safety mechanisms
- Disruption
- Encourage Brand over Generic
- Premium impact



Exploring Point of Sale Rebates

- Allows participants to benefit from a portion of rebates when filling prescription
- May be difficult for participants to understand
- Only 10–12% of employers currently offer



Opioids—A Public Health Crisis

~30% of participants with claims in HealthFlex have musculoskeletal claims

- HealthFlex 2nd highest clinical condition—
~ 14% of medical spend
- Many are treated with opioids
- No evidence of long-term benefits
if treated with opioids



Opioids—Not Just a Pharmacy Cost

- Substance abuse (including opioids) is largest driver of behavioral health costs
 - Account for 14% of behavioral health spend (2nd to alcohol)
 - Integrating medication and counseling increases recovery rate to over 50% (vs. 10%)
- Musculoskeletal is a top 5 diagnosis for those on long-term disability
 - Accounts for 20% of all claims



Opioids—Steps to Address

- Beyond Rx management, other musculoskeletal program solutions
 - Goal to reduce surgeries and opioids (surgery often accompanied by opioids)
 - Physical therapy and massage therapy
- Other well-being support (weight management offerings)
 - Weight is a driver of musculoskeletal issues



Opioids— Steps to Address

OptumRx Opioid Program

Restrictions



**Communications
and Why**

OptumRx Discussion



Sit down with OptumRx's Scott Draeger



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