2024

MCF

NEW ORLEANS, LA

Medical Captive Forum

2024 MEDICAL CAPTIVE FORUM | MAY 1ST & 2ND | NEW ORLEANS, LA

THE BIG EASY APPROACH TO BENEFITS

Quality, Affordable Healthcare Made Simple

Today's Objectives

1 What do we mean by data?

2 Where does the data come from?

3 Now that you have it, how do you use it?

What Do We Mean By Data?

Status Quo: The "Data Dump"

- **No Claims Experience**

- **Convoluted Reports**

= Leaving employers blind to what is driving their renewal

The Data We're Looking For

SPECIFIC CLAIMS FOR MEMBERS

- Member info
- Provider info
- Facility info
- Diagnosis info
- Procedure info
- Billed & Paid Amounts
- Drug Names

Meaningful data followed by actionable insight

Where Does the Data Come From?
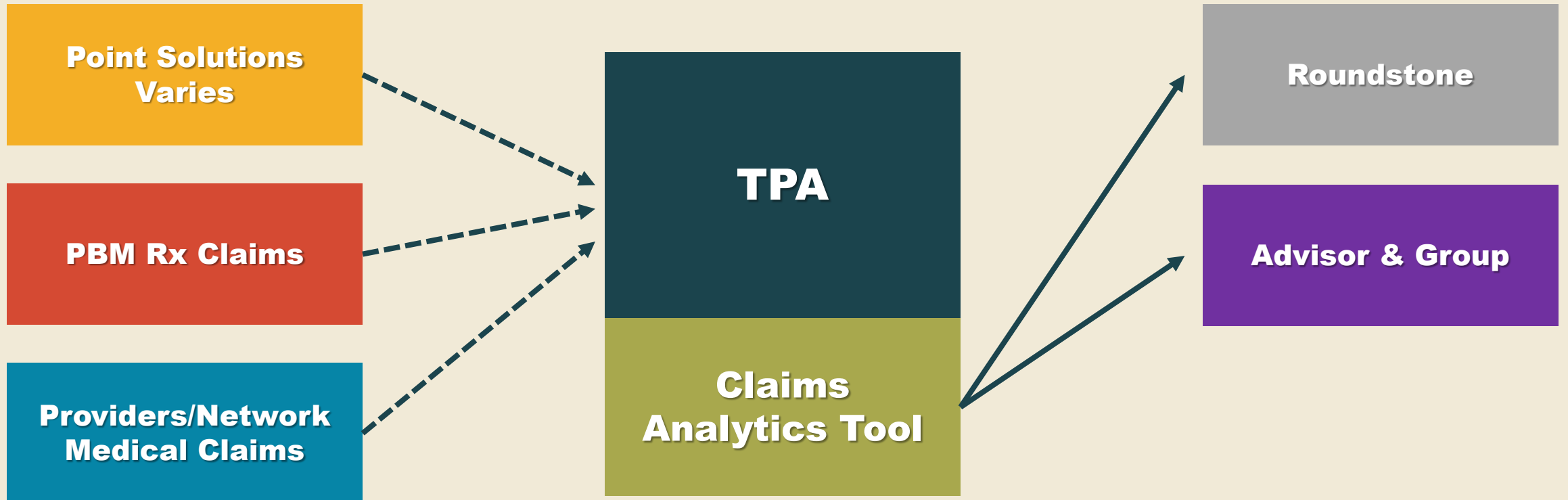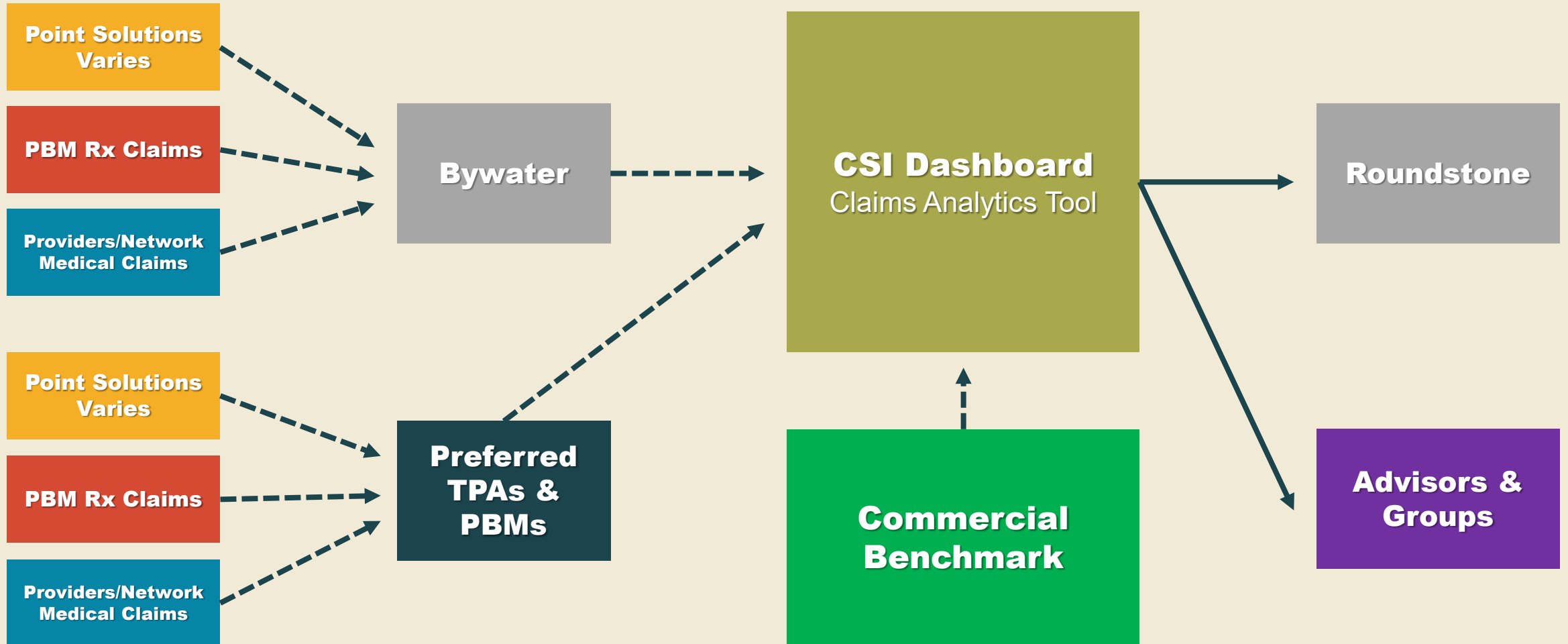
Now That You Have It, How Do You Use It?

3 Ways to Use Your Claims Data

Monitor for Trigger Claims

Review Trends Regularly

Utilize Renewals

Monitor for Trigger Claims

A trigger claim is a single specific claim that triggers you to intervene with a planned corrective action.

Start with a solution that you can use consistently, that is easily repeatable, and can be implemented at any time.

Then find the best indicators for that solution that you can find in a single claim; specific diagnoses, procedures, or (most commonly) brand name drugs.

Don't wait for claims to pile up. Address the claims when they start coming in, and not after the spend gets high enough to notice.

You have the solution. Now find the problem.

Monitor for Trigger Claims

Example: Specialty Drugs

At Roundstone, we have a constantly evolving list of specialty drugs that have savings through a PAP or Int'l Sourcing

Once a month, we compare the drug list to the Rx claims for groups in the CSI Dashboard.

For each group, we calculate if there would be savings for alternative-sourcing plus any admin fee vs their PBM cost minus rebates.

For groups with significant savings, we recommend an alternative-sourcing vendor (SHARx, ScriptSourcing, or a program integrated with the PBM).

Brand Name	Rebate	Copay	Int'l Sourcing	PAP
Adempas	FALSE	FALSE	TRUE	TRUE
Aimovig Autoinjector	TRUE	FALSE	FALSE	TRUE
Anoro Ellipta	TRUE	FALSE	TRUE	FALSE
Benylysta	FALSE	FALSE	TRUE	FALSE
Biktarvy	TRUE	TRUE	TRUE	TRUE
Breztri Aerosphere	FALSE	FALSE	TRUE	FALSE
Brilinta	TRUE	FALSE	TRUE	FALSE
Cabometyx	TRUE	FALSE	TRUE	TRUE
Camzyos	FALSE	FALSE	FALSE	FALSE
Cosentyx Sensoready (2 Pens)	TRUE	TRUE	Not Recommended	TRUE
Creon	TRUE	TRUE	TRUE	FALSE
Descovy	TRUE	TRUE	FALSE	FALSE
Doptelet	TRUE	FALSE	FALSE	TRUE
Dupixent Pen	TRUE	FALSE	TRUE	TRUE
Dupixent Syringe	TRUE	TRUE	TRUE	TRUE
Eliquis	TRUE	FALSE	TRUE	FALSE
Emgality Pen	TRUE	TRUE	Not Recommended	FALSE
Enbrel Sureclick	TRUE	TRUE	TRUE	TRUE
Entresto	TRUE	TRUE	TRUE	TRUE
Epclusa	TRUE	FALSE	Not Recommended	TRUE
Farxiga	TRUE	TRUE	TRUE	FALSE
Forteo	TRUE	TRUE	Not Recommended	FALSE

Reviewing Trends Regularly

After you have a full year of claims data, you can compare your performance vs a commercial benchmark, and eventually against your own history.

- Identify common cost drivers

- Establish metrics used to measure success

- Introduce an appropriate solution

If a solution is implemented and introduced to the members, you need to monitor two things:

- Any metrics used to determine a solution is needed. These metrics should improve after your solution is implemented.

- Utilization metrics from the Vendor.

Make sure you are getting value out of the solution you are using.

You identified the problem. Now find the solution.

Reviewing Trends Regularly

Example: Mental Health

Compare your claims history against the commercial benchmark:

- Mental Health PMPM cost

- % of members with a Mental Health Diagnosis

- % of that cohort with a mental health office visit

- Avg Mental Health Visit cost

If you are uncomfortably worse than the benchmark in those categories, consider adding an Employee Assistance Program (like CuraLinc), or adjusting plan language to increase coverage on mental health visits.

*This is an internal report that CC and COMs are reviewing to make recommendations

Benchmark

Mental Health PMPM	% of Members with Mental Health	% of Cohort with Mental Health Office Visits	Avg Mental Health Visit Plan Paid	Avg Mental Health Visit Member Paid
$31.63	17.75%	54%	$54.07	$37.22

Groups' Data

Mental Health PMPM	% of Members with Mental Health	% of Cohort with Mental Health Office Visits	Avg Mental Health Visit Plan Paid	Avg Mental Health Visit Member Paid
$11.22	40%	16%	$51.19	$28.73
$0.47	4%	0%	$0.00	$0.00
$10.80	29%	80%	$40.84	$46.62
$7.99	21%	33%	$60.23	$17.53
$14.50	0%	100%	$0.00	$0.00
$63.65	11%	50%	$37.80	$14.75
$0.48	0%	100%	$0.00	$0.00
$0.42	0%	100%	$0.00	$0.00
$21.16	24%	33%	$50.52	$20.15
$1.69	11%	60%	$18.85	$60.73
$8.71	18%	57%	$96.70	$18.96
$21.41	24%	29%	$57.04	$19.70
$5.29	15%	15%	$43.17	$63.90
$0.37	13%	0%	$0.00	$0.00
$0.29	7%	100%	$14.25	$91.00
$9.11	14%	72%	$69.28	$24.84
$1.43	8%	100%	$21.24	$52.90

Utilizing Renewals

The Health Plan is another cost containment solution through Plan Design.

- Lower copay for PCP, Increase ER
- Cover Diabetic supplies at 100% no deductible
- Lowering Mental Health copays

At renewal, a nurse's review is conducted that does a deep dives into...

- Prognosis/ Triage (projected costs)
- Specific Diagnoses
- Specific solutions for claimants

Customer Outcomes Manager (COM) is your guide throughout the renewal process to simplify implementing solutions.

- At renewal, through review of a group's claims, the group had high ER utilization. The data showed 17 members utilizing the ER instead of visiting their PCP. The total spend for all 17 visits was $48,000.

- The COM and RPL suggested increasing the ER copay from $300 to $600 and offering an incentive.

- When their data was reviewed six months into their contract, claims reflected very low utilization and high PCP office visits. The group saved $26,000 by increasing the ER copay.
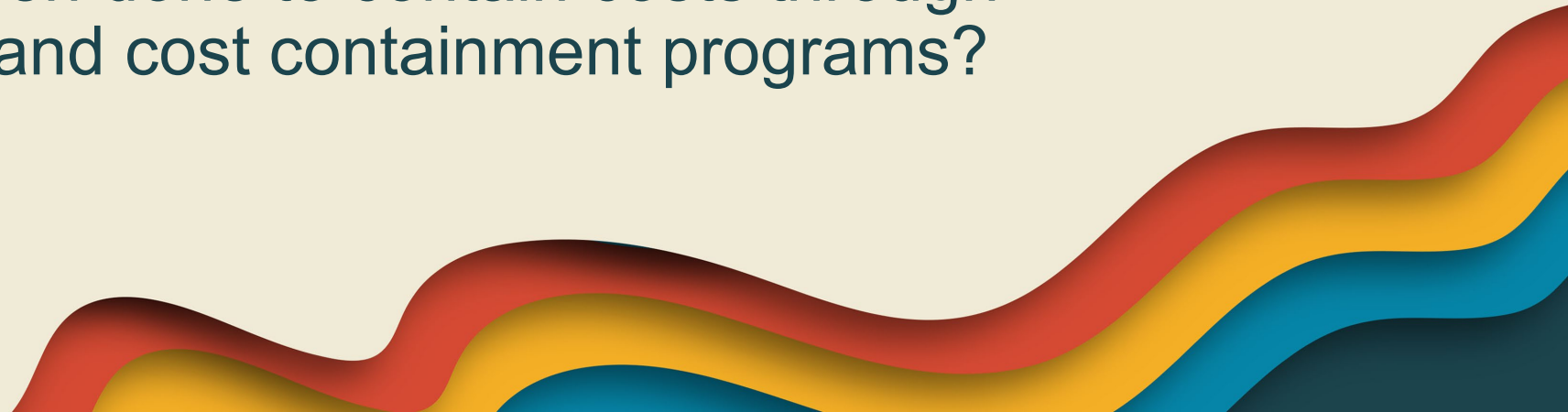
What Data Impacts My Rate At Renewal

1 Claims data versus manual data

2 Ongoing claims information from nurse reviews

3 What has been done to contain costs through plan design and cost containment programs?

Q&A

Thank you.