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Proven Health Care Cost Reduction Through Strength in Numbers



BRIDGEHEALTH MERGES WITH DIGITAL HEALTH AND CARE EXPERIENCE COMPANY, TRANSCARENT

In October 2020, BridgeHealth merged with [Transcarent](#), creator of a new and different health and care experience for employees of self-insured employers and their families. BridgeHealth is a key pillar of [Transcarent's](#) newly introduced health and care experience, and together, the combined entity will “continue to deliver great health care experiences for the people we serve and measurable value to our plan sponsors, while expanding our solutions to the market,” said Jamie Hall, Chief Commercial Officer, Transcarent, and General Manager, BridgeHealth.

According to Forbes, Transcarent is “[conciierge medicine on steroids](#)” and CEO Glen Tullman is aiming to “empower people to be in charge of their entire health and care

experience in one place.” It uses a combination of people, processes, tools, and technology to give people the unbiased information, trusted guidance, and easy access to high value care they want and need. This leads to better outcomes, and more cost-effective decisions. Transcarent connects people with doctors and health care facilities—even providers far from home if that is where the best care is available.

That is where the merger with BridgeHealth makes sense. BridgeHealth has negotiated rates for 300 types of surgical procedures across eight categories, provided in more than 160 Centers of Excellence across the U.S. Its model delivers quality care, cost control and an exceptional member experience.

In 2020—a year that saw surgeries postponed due to the pandemic—BridgeHealth nonetheless helped 113 people from the PHC participating plans get the surgeries they needed, at an estimated net savings of \$2.83 million. The BridgeHealth program will continue to support members who need surgery. Now it is part of Transcarent’s broader value-based care solution that supports members before—and beyond—surgery, with new experiences including virtual physical therapy, pain and condition management, and new programs later this year like cancer care.

Look for updates on what BridgeHealth’s merger with Transcarent means for the PHC member plans in future newsletters.

Learn more about [Transcarent](#) (<https://transcarent.ai/>). □

COALITION ON TRACK AND ON TREND

National CooperativeRx Recap Delivered at March Meeting



National CooperativeRx (NCRx) delivered encouraging news to the Pacific Health Coalition (PHC) member plans at the Coalition's March 17, 2021 annual meeting. Seventeen Coalition member plans achieved nearly \$17 million in rebates, member dividends and equity payback in 2020. The Coalition's 2020 trend of 0.6% net of rebates compared favorably with NCRx's and CVS/caremark's employer book of business.

NCRx CEO Josh Bindl and Senior Director of Clinical Services Wayne Salverda, R.Ph., recapped cost savings and usage data for 2020 and looked at trends influencing pharmacy expenses. Here are a few highlights from their presentation:

Pandemic Impact on Mental Health, 90 Day Supplies, and Vaccinations

Four anti-depressants were among the top 25 drugs measured by days' supply in 2020 and each moved up in rank compared to the prior year. This was likely due to the stresses and uncertainties related to the COVID-19 pandemic. On a good note, the four anti-depressants were all lower-cost generics. On another positive note, a 6.3% increase in 90-day supplies of medications was seen across the board for the PHC, compared to the prior year.

In addition to all the (deserved) fanfare about COVID-19 vaccines, there also was good news on flu

shots. In 2020, more people got flu vaccines. This resulted in a 68% increase in the PMPM (per plan, per member) spend for flu vaccines to 32¢ (up from 19¢). In turn, the increase in flu shots, along with social distancing measures and increased hygiene awareness, helped contribute to a milder flu season and a 62% decline in the amount member plans spent on flu treatments— from 24¢ in 2019 to 9¢ in 2020— which more than offset the 13¢ PMPM increase for flu vaccines.

The attention to flu shots, however, did not carry over to other routine vaccines. Closures and shelter-in-place orders due to the pandemic may have contributed to a decrease in routine vaccinations for the PHC. Member plans may want to bolster communications and reinforce the value of routine vaccines and preventive care.

PHC Member Plans Benefit from No-Cost Services

The presenters also highlighted valuable services NCRx provides to the PHC member plans at no additional cost. Collectively, these services are estimated to save the average NCRx member plan \$44.46 a year per member.

- Supplemental Formulary Management offers clinical expertise that enhances the members' formulary experience.
- Pharmacy Network Oversight ensures that pharmacies and practitioners who drive low-

value medications are eliminated from the network.

- High-Cost Claim Review for specialty as well as non-specialty medications ensures appropriate dosage and billing relative to approved indication(s).

Services the PHC Member Plans Should Consider

According to the presenters, plenty of opportunities still exist for the PHC member plans to leverage value added programs and services available through NCRx and CVS/caremark. These may include but are not limited to:

- Exclusive arrangements with CVS/specialty
- Specialty copay card true accumulation/optimization/ PrudentRx
- Advanced utilization management

NCRx's latest innovative offering, Advanced Utilization Management, helps plans deliver quicker checks and balances through clinical evaluation of high-cost and new-to-market medications. Plans that enroll in this service receive focused and tailored updates that help contribute to bottom-line cost savings. "If you are interested in this or any other of our programs or services, we will be happy to discuss at our next utilization meeting with your plan," said Salverda. □

New Member Spotlight: WESTERN HEALTHCARE ALLIANCE

The Western Healthcare Alliance (WHA) has a lot in common with the Pacific Health Coalition. Both believe in the “power of numbers” in the marketplace and that high-quality health care can be cost-effective.

“We were happy to find a like-minded group that shares our philosophy and is committed to promoting best value in health care services,” said Elizabeth Hanckel, WHA’s chief human resources officer.

Formed in 1989 by a small group of rural Colorado hospitals, today the WHA serves a roster of 31 members in Colorado and Utah. The group began offering “peer network roundtables” for medical and administrative professionals to exchange best practices and

insights. Today, its services range from debt collection, revenue cycle, education, and group purchasing programs to a community care alliance that operates an accountable care organization (ACO) and other member services. Its staff of 100 work from the WHA’s headquarters in Grand Junction, Colorado.

“Like the Coalition, we are in growth mode and are pleased to be part of a group that offers geographic diversity. I have fond memories of working—and doing some climbing—in Alaska,” said Hanckel, a 40-year veteran in the health care sector. “We look forward to sharing our expertise in rural health care and engaging with the Coalition.” □

Coalition Website Refreshed and Retooled

Our website, phcoalition.org, <https://phcoalition.org> has a new look!

Member plans will find the same reliable content and improved functionality on the Coalition’s redesigned website.

“The redesign offered an opportunity to modernize the look of the website and to bring it in line with current website tools and features,” said Pat Shier,

Alaska member representative, who assisted with the project. “We are particularly pleased that the new site allows Coalition staff to update content directly. This allows us to keep our content current, even in rapidly changing circumstances, like what we experienced in 2020 during the COVID-19 pandemic.”

Visit <https://phcoalition.org/> today! □

Blues Settlement Claim Form Now Available

Earlier this year, a federal judge ordered Blue Cross Blue Shield (the Blues) to pay claims to qualifying plans and individuals. The settlement website (<https://www.bcbssettlement.com>) provides important information, a timeline and forms related to making claims against the \$2.67 billion settlement.

Although potential claimants may not apply until they receive their unique IDs, the website provides an overview of the litigation, claimants’ legal rights and obligations, FAQs and key dates. Unique IDs were to be distributed to known claimants—including employers, fund administrators and participants—by no later

than May 31, 2021.

Claimants will have until November 5, 2021 to submit claims using the website.

The Coalition will continue to share information and updates on matters related to healthcare price-fixing in future issues of this newsletter. □

CALENDAR

THE PACIFIC HEALTH COALITION QUARTERLY MEMBERSHIP MEETINGS

- June 9 – Virtual Teams Meeting
- September 23 TBA
- November 18 TBA □

All virtual meetings will be held by videoconference through Microsoft Teams. Invitations and meeting materials will be distributed via email in advance of the meeting date, including instructions about how to attend. If you have more questions about how to attend by videoconference, please contact Fred Brown or Pat Shier at info@phcoalition.org or 888-474-4226.

SAVE THE DATE



INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS (IFEBP) 67TH ANNUAL EMPLOYEE BENEFITS CONFERENCE

- October 17 – 20, 2021
- Denver, Colorado □

3000 A Street, Suite 300
Anchorage, AK 99503

READ ABOUT COVID'S IMPACT ON MENTAL HEALTH, P. 2.

Since 1994, the Pacific Health Coalition (aka HCCMCA) has been helping member health plans control health care costs by negotiating better pricing on health benefits and services than these same plans could achieve on their own. Currently, there are 50 health plans participating throughout the United States.

2020 Health Fair Recap



Due to COVID-19, in-person gatherings in 2020 required that the Coalition Health Fairs be re-imagined.

- In Alaska, flu shots were given at drive-through events or through pharmacy vouchers. Blood test kits were mailed to participants' homes.
- In Washington, blood testing was done by appointment or with test kits mailed to participants' homes. Participants could request vouchers for flu shots.

Overall, fewer people signed up for the offerings, and analysis showed that a significant number of those who signed up for drive-through flu shots and vouchers did not use them.

“It is the intent of the Coalition to provide participants of our member plans with free flu vaccines—at no cost to participants or their health plans. With the lack of engagement with the 2020 Health Fair event, we can only assume participants chose

to obtain their flu vaccines from local pharmacies which charge the member plans for both the vaccine and an administration fee. This is neither cost-effective nor efficient,” said Executive Director Fred Brown. “The Coalition is making plans for yet another Health Event for 2021 to provide free flu vaccines. It is our hope the member plans will encourage and educate their participants about the amount of money the Coalition is saving their plans with this offering.”