



RSVP for 2018 Health Fairs!

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On Alert For . . .

Pharmaceutical fraud and waste with Wayne Salverda of National CooperativeRx, page 3.

Proven Health Care Cost Reduction Through Strength in Numbers



WELCOME TO THE PACIFIC HEALTH COALITION!

The Health Care Cost Management Corporation of Alaska is now doing business as the Pacific Health Coalition. It's a new name, but our mission remains: ensuring access to valued, quality health care services for employees and their families.

"Our new name reflects who we are today and will help us get to where we want to be in the future," said Fred Brown, executive director. "Even though we have always referred to ourselves as the Coalition, that word wasn't actually part of our name. Now it is, and proudly so."

The streamlined name is not only easier to say, it is more regionally inclusive. Indeed, PHC now covers lives in the Pacific Northwest, Washington, Oregon, Idaho, and the state of Alaska.

Our name comes with a new logo, featuring a clean, modern typeface that emphasizes the most important word in our name and our approach: coalition.

The name change and new logo were first discussed at the Coalition's 2017 strategic planning retreat. A working committee developed a name that would strengthen our identity with member

plans and prospective members, differentiate us in the marketplace, reinforce the importance of the collaboration that is integral to the services we provide, and achieve cost savings.

The Executive Board approved the new name and logo in March 2018 and registered it in the states where we operate. Next up is a marketing effort to introduce PHC to interested parties including our member plans and prospective members. Stay tuned for information as we update our website and contact information. ☐

THE IMPORTANCE OF PERSONALIZED MEDICINE

A Report from the 2018 Annual Meeting

It's been decades since Marcus Welby, MD, hung up his stethoscope, yet his brand of personalized medicine still colors the popular image of what medical care "should be." The heart of good health care, whether delivered by a family doctor, an advice nurse or an automated email generated by algorithms, is trust.

According to Jan Berger, MD, MJ, and CEO of Health Intelligence Partners, consumers are willing to pay \$30 more per month in insurance premiums to a health care plan they trust. Studies show that trust pays off in better outcomes, more positive interactions with health care providers, improved adherence and less use of inappropriate services.

Aetna's Gerald Scallion, MD, chief medical officer, Public and Labor, Federal Government Services spoke about

the company's case and disease management programs, and its In Touch Care program. By marshaling an array of data points, Aetna targets the right support for the right participants with care that is relevant, personalized, and digitally accessible across multiple platforms and outcome focused.

For example, nurses are matched by skill set to provide appropriate care to the participants they follow and advise. This consistency of care is crucial; Aetna's data reveals a 20% drop in engagement each time a participant is told to call another number or referred to another number. When the personalized approach works, it can save sponsoring plans 5% in reduced emergency room and inpatient visits, and shorter inpatient stays.

Likewise, CVS Health is using both big data and personal contact in its value-based

management model, as outlined by Joshua Fredell, senior director. The model leverages all of CVS Health's assets to meet outcome and cost goals:

- Face-to-face interactions with members in stores and MinuteClinic® screenings provide the human touch.
- Pharmacy benefits management tools provide robust analytics used to develop strategies for formulary, network and user management.
- Technology such as connected devices, digital engagement and provider connectivity through EPIC has the potential to improve outcomes.

CVS estimates that better coordination of all these aspects of health care delivery could save \$45 billion annually. That is something even Marcus Welby would approve of. □

RSVPs FOR 2018 COALITION HEALTH FAIRS NEEDED BY JUNE 22

The dates, locations and cost structure for the 2018 Coalition Health Fairs are set.

Member plans have until June 22 to send their RSVPs to Lauren Smyrski at lesmyrski@psfinc.com.

This year, comprehensive labs will include Chemistry/Hematology/ A1C, Thyroid, and Vitamin D. PSA is also included in labs for men over 40 years of age.

Please note that there will be no high-dose flu vaccine available this year.

The pre-registration website, coalitionhealthfair.org, is scheduled to open for participant preregistration beginning August 8.

DATES - ALASKA

Fairbanks – September 15 & 16

Fairbanks – September 22 & 23

Mat-Su – September 22

Anchorage – October 13 & 14

Juneau – October 27 & 28

Soldotna – October 27

Anchorage – November 3 only

DATES - WASHINGTON

Burlington – September 8

Spokane – September 15

Kent – September 22

Pasco – September 29

- (Pasco NEW location:
Plumbers and Steamfitters
Local 598
1328 N. Road 28,
Pasco, WA 99301.)

Bothell – October 6

Tacoma – October 27 □

On The Alert for Pharmaceutical Fraud and Waste with Wayne Salverda

Sherlock Holmes. Jessica Fletcher. Magnum P.I.

You can add Wayne Salverda, R.Ph., National CooperativeRx's senior director of Clinical Services, to that list of intrepid detectives.

He has been hot on the trail of some questionable pharmacy practices. These practices include cold-call telemarketing, waiving or reducing copays, taking advantage of plans once participants meet out-of-pocket responsibilities, switching patients from inexpensive to more expensive products, and shipping products across state lines, among others.

For example, two pharmacies engaged in cold-call telemarketing within weeks of a participant hitting the plan's out-of-pocket responsibilities. The pharmacies reportedly told her they worked with her insurance plan and had better options for her medications. Within a matter of months, the pharmacies had sent and billed more than \$20,000 of medication

that the plan participant wouldn't use and didn't want – but couldn't get the pharmacies to stop sending.

In 2017, Salverda's team identified and investigated a "short list" of pharmacies with suspicious claims activity. That list continues to grow as initial findings and industry expertise have been leveraged to identify patterns elsewhere. National CooperativeRx has removed these pharmacies as service providers for its member-owner groups.

National CooperativeRx's recent growth has strengthened its ability to deliver on the promise to bring more value to its member-owner groups through new services and programs. Salverda told annual meeting attendees that its initiatives saved approximately \$35 per individual member; that's more than \$9 million in 2017. He also shared trend numbers for 2017 that corroborated his comments and which outperformed industry benchmarks. ☐

The Pacific Health Coalition partners with National CooperativeRx, a non-profit cooperative, to manage and oversee the CVS/caremark Pharmacy Benefit Management (PBM) program. Together, National CooperativeRx and CVS/caremark work diligently to combat fraud and waste for our participating member plans through:

- The implementation of pharmacy networks.
- Opposing "any willing provider" requirements.
- Refusing to contract with a pharmacy that is suspected of fraudulent activity.
- Avoiding a "pay and chase" system.
- Supporting patient adherence and compliance.
- Encouraging the use of therapeutic treatment options that are most appropriate for patient outcomes – and costs – to both the participant and the payer.

Learn more about how your plan can benefit from the "cooperative advantage" at hccmca.org. ☐

CALENDAR

PHC QUARTERLY MEMBERSHIP MEETINGS

September 27, 2018

November 14, 2018 ☐

Save the Date!

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS (IFEBP) 64TH ANNUAL EMPLOYEE BENEFITS CONFERENCE

October 14 – 17, 2018
New Orleans, LA

PHC / National Cooperative Rx
Reception

Monday, October 15
5:00p.m. – 7:00p.m.

The National WWII Museum ☐



THE FACE OF ALASKA REGIONAL HOSPITAL

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READ ABOUT RSVP FOR 2018 COALITION HEALTH FAIRS, 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. Current member health plans include 27 headquartered in Alaska and 19 headquartered in the Pacific Northwest.

“NON-ASSIGNMENT” PROVISION MAY PREVENT CLAIMS BY OUT-OF-NETWORK PROVIDERS

Recently, a PHC member plan received several appeals brought by an “out-of-network” provider. The provider claims it obtained assignments from its patients who were fund participants and argues it is entitled to full payment for its services instead of the plan’s allowable out-of-network reimbursement.

We believe there has been an increase in these types of claims and that this is a growing problem. However, in a decision issued by the federal Ninth Circuit Court of Appeals last year, *DB HEALTHCARE, LLC v. Blue Cross Blue Shield of Arizona, Inc.*, 852

F. 3d 868 (2017), the court upheld the right of an ERISA-governed employee benefit plan to have a non-assignment clause in its plan document. The non-assignment from *DB HEALTHCARE* provided as follows: “The benefits contained in this plan, and any right to reimbursement or payment arising out of such benefits, are not assignable or transferable, in whole or in any part, in any way manner or to any extent, to any person or entity.” The Ninth Circuit held that the providers in *DB HEALTHCARE* were not “beneficiaries” under ERISA and they were prohibited from

bringing claims on behalf of participants based on the non-assignment provision in the plan document.

The PHC suggests that each member plan consult with its own general counsel to determine whether a non-assignment provision should be added to its plan documents. □

