0:06
Good afternoon, everybody.
0:08
It is the top of the hour And so, I'm going to get started. My name is Michelle Fullerton. I am the Director of our group Customer Advocate area.
0:20
And I, first of all, would like to thank you for joining us this afternoon, probably on your lunch hour, for our group customer Forum.
0:30
On the Blue Cross Blue Shield of Michigan pharmacy benefit manager transition, that's a really long sentence.
0:39
In this forum, we really designed this for you.
0:43
You, meaning our group customers, because we think it is really, really important that you gain a better understanding of the PBM transition.
0:54
We know there are, there are questions. We want to make sure that we are upfront with you, that we give you all of the information, and we give you regular status updates.
1:05
So, before we get started today, I have a few short housekeeping items that I want to cover.
1:11
First of all, all of the lines have been placed in listen only mode, but that doesn't mean that we do not want your input.
1:21
Your input is actually very important to us, so, please use the Q&A section in the webinar control panel to submit questions during the presentation.
1:33
I will be viewing those questions as they come in.
1:36
I will try to ask Kim some of those questions throughout the presentation.
1:43
And then I will save some of those questions for the end of her presentation, as well, just. So it will be more interactive by asking some of those questions throughout the presentation.
1:55
Now, we have over 700 registrations for today's session.
2:00
So, we're going to do our best to try and answer all of your questions, but if we don't get all of your questions answered today, please reach out to your Blue Cross representative for additional guidance.
2:14
But we will also take your questions, if they have not been asked, or answered previously, and we will add them to our FAQ, our frequently asked questions, that we share on a regular basis with all of you.
2:31
In addition, please know that we've attached a PDF copy of this presentation, and it's available for you to download.
2:40
It's in the handouts section of the webinar Control Panel, so you can open that and follow along with us, or you can just follow along with the screen that's open today.
2:52
So we have one presenter today. But that presenter, Kim, has a lot to present. So first of all, we're going to talk about our Pharmacy program.
3:02
Then we're going to give you our Transition Progress update, because I know that's something that you all want to know about.
3:10
Then we want to talk about what's new.

3:13
So what's new in the provider and in the member, digital tool space, And that's critically important.
3:22
Next, I would say probably the hottest topic is an update on the member ID cards. And we will be talking about the ID new ID cards for the PBM transition. But also, we'll talk to you about what the new ID cards look like. For people who are not with us for pharmacy.
3:44
That seems to be a very hot topic that we want to make sure we cover with all of you.
3:49
Then, we want to talk about our transition communication strategy, because we know that the communication strategy is critically important for you as our customers, but also for your employees.
4:03
And really, last but not least, really, our goal is to have a no disruption strategy, and we want to discuss that with you.
4:12
So, with no further ado, I'm going to welcome Kim Forrester.
4:17
She is our director of our pharmacy Account Management Team here at Blue Cross Blue Shield of Michigan.
4:25
Kim is going to be providing you great information on in this session.
4:31
And, so, I just want to make sure that you are all all aware of all of the things that we're going to cover, and questions we encourage, So, as I mentioned earlier, please submit those questions through the feature, and we will really try to address them throughout the webinar today.
4:51
So, with that, Kim, I am going to turn this over to you and let you get started.
5:00
Thanks so much, Michelle, Appreciate the introduction, and appreciate you taking a moment to kind of level set for everyone. All the good information we're hoping to share today. Good opportunity to start out with that a level set. I think there's still a lot of confusion in the market as to what Blue Cross does, compared to what we use our PBM Vendor four. And so we'd like to start out with again, a little level setting to remind you all that We currently manage our UM which means we manage our prior authorization. We make decisions on step therapy in quantity limits, and all that's done by the conditions that the practitioners of Michigan and that's not changing, we want to continue to manage our, our UM. we do a really good job of it and so that's going to stay with Blue Cross. So no changes to who is responsible for that work.
5:50
We also work really hard to ensure that we're providing new programs that not just manage that cost of a pharmacy, right? The pharmacy benefit that we're looking at. The whole picture, we're looking at, all drugs that are processing. And the medical benefit. and I'm the pharmacy benefit.
6:08
And trying to find the lowest cost solution for you, for our customers. But want to make sure that we're taking really great care of our members, right. Everything that we do is putting the member first, and we're doing our best to minimize any kind of disruption or a negative experience to the member who we want the members to have good quality health, and we want them to have access to medication. Again, we think we do that really well. We're not going to change the direction of that. We're going to continue to own that.
6:35
That means we own our drug list.
6:37
We have always manage your own drug list. So our formulary that are in play today are in play. Come January of 2022 for our commercial members in January of 2023 for our Medicare members.
6:49
So there will be tweaks, right?
6:51
Just like we do every year, every July, January, we're making quite slight modifications to our drug list based on changes in the market. So that will continue, there will be some changes to the drug list, come, persevere. I just wanted

to make sure everybody understands we're not moving to an atom formulary and we're going to continue to use the formula we have in place and take advantage of the contracts that we have in place with our PBM partner And make sure that we're optimizing on any opportunity to improve discounts And improve rebate opportunities for you for the customer.
7:22
The joint P and T, that we have, like I mentioned.
7:24
We have a lot of brilliant clinicians that are experts on treatments, process currently, under a medical benefit, and then experts who are over the pharmacy benefit drugs.
7:36
Those teams work together two times for every other month.
7:40
So, R, P, and T, meet every other month. And that collection of individuals are represented, along with obviously, F, A nice from the market, different providers that sit in, and provide input into our decision making. So, we look at, again, whole picture holistically. For the entire benefit, we're not siloed into just seeing what happens on the pharmacy benefit. We are the Health Plan. So, we have access to all information, to our decisions, are made on What's going to be batched from a cost perspective, and what can be best for that member's outcome, regardless of what side of the benefit is going to fall on, Were not given that, we're gonna continue to manage our own PMT Committee. And then, we do a really good job.
8:19
Hopefully, some of you have seen the big improvements in the last few years, On our Pipeline reporting, are Emerging Therapies team, does a great job with our pipeline reports, there's been improvements to providing group specific outcomes in some of those drugs that are coming to market. So, again, we're gonna continue to manage that. I think we do a great job, and that work is really required to help support the needs of the TMT committee. So it seems to go hand in hand, so we're not gonna give up. that responsibility, we're going to take advantage of information sharing from our partner, but again, not giving up the responsibility of owning the pipeline management. And, again, like with the pipeline report, I hope you all have seen significant improvements in the pharmacy reporting, either through your quarterly or your ASDS.
9:08
Michelle's team has been fabulous and working with my team over the last three years to make what we feel are significant improvements to the recording.
9:16
So can't walk away from all that great work, right? So we will continue to improve.
9:20
The reporting comes to you from a pharmacy perspective, but also integrated on the medical side as well. And we're not delegating that either. So the core services of what we provide to you, as a customer, we're gonna continue to manage. We're gonna rely on the PBM to do the things they're better at.
9:36
They're better at negotiating for discounts, at a retail pharmacy, managing our retail network, because they're covering members and pharmacies from a national perspective. Though we have members nationally. We're not as big as they are. Right, So they're better at it, they're also better negotiating rebate.
9:52
So we're gonna continue to rely on them and take full advantage of the rebate improvements that we're gonna pass on to you as the customer. So we're using them for that. We don't want to own our own mail order, I'm not really interested in that. So we're going to continue to use the PBM to supply our home delivery pharmacy solution.
10:09
So really the PBM is the behind the scenes.
10:13
Function for pharmacy for us. I'll tell you. And we'll talk about here in a few minutes, there are some really nice opportunities to take advantage of some of the technology, some of the data reporting tools that option has that are going to enhance the programs that we have out. So we will talk about that. But this is just really a nice partnership between what I see Blue Cross does exceptionally well, which is the clinical management for drugs, again, medical and pharmacy benefit. and to take advantage of a PBM who does a better job with technology and with access and how you pull data together to help us take more quick action from a clinical reporting standpoint. So we'll touch on that, but

again, feel, just like there's a nice opportunity to level set on what we're not giving up, to provide some comfort in, in the market, that, you know, we're not turning everything over. We don't want to be a particular PBM. We're proud of the differentiators that we have that make us different and make a special so Blue Cross Blue Shield of Michigan, continuing to manage anything clinical.
11:13
So, Kim, I'm just curious before we get started on the next slide. I know that a lot of the PBMs have patient Assistance programs.
11:26
Is that something that's going to be utilized under Optum RX? I don't know if we've ever had that question before, so, I was just curious.
11:35
Super great question, Michelle, Thank you for asking that. This isn't our roadmap. Slide ahead, but we rolled out our high cost drug discount optimization program. We chose to partner with pillar RX.
11:48
We rolled that out, gosh, 20 19, as an opt in solutions for AAFC customers in their last year, beginning of this year, rolled it out for all customers. So, take that, back, 2020, in 20 21, for our fully insured customers, significant savings for the program. And they're taking an opportunity to maximize the manufacturer's coupon money that's available in the market. And then, we're using that to adjust accumulator.
12:15
So it gives us access to the information that we now can be able to tell when a man or what monies a members paying out of their own pocket and what monies are members using from the manufacturer. And then we adjust the accumulators to show a true out of pocket.
12:32
So we are expanding that program that's our program, we own it, we're not given that up, um, so thank you for asking that, because it's a good clarifying question.
12:42
OK, Thank you, then Yep. And to Level set on especially pharmacy. I think this is important to I don't know if everyone fully grasp best.
12:51
And we did do a specialty pharmacy RFP in parallel with our PBM RFP.
12:57
So with our decision to stay with Walgreens, they do a good job for us. They might make mistakes once in awhile, but they're very quick to respond. They've done a really nice job of building out a comprehensive reporting package for Blue Cross. That as part of our extension of the contract with them, they are now going to be able to provide that for our group customers.
13:20
So now, all of our group customers that have exclusive specialty pharmacy benefits with Walgreens, we now have a really nice reporting package for you. So, can't wait to share that with you. So that's available now because what we did with the Walgreens contract renewal is we got ... pricey. So now, with this arrangement, our discount improvements actually went into effect April first.
13:42
We pass through our specialty pharmacy discounts. We don't retain any margin and especially pharmacy, our discount figure discounts. So all of you started benefiting from the, especially firms, you just kinda improvement on April first.
13:54
So I think there's a lot of, again, a known around, how that works, and wanted you all to know that you're already benefiting from it, you didn't have to do anything.
14:07
You can go to the next slide.
14:10
Because this is a fun one. For now, this is the Roadmap, which is what Michelle was, a team that we have done, again, a great job. I think of rolling out some very comprehensive clinical initiatives over the last few years that not just improve the experience for the member, but provide cost savings for you. So those are going to continue. And we took, and we'll tell you hear an update on the PBM transition, but we went through all of the programs that often has to offer for Blue Cross, from a clinical management perspective. And can tell you that we really do a better job from a clinical with

management perspective. So, we're going to take advantage of the programs option brings, like, I mentioned earlier, they're gonna enhance what we have in place today by using their tools and their technology, and their access to data, because they're better at that, than we are just really a better partner for us.
15:00
We are already able to expand some of the programs we rolled out in previous years, because of this new partnership, So I'll touch on some of these. Like Michelle said, you guys have the information that she sent out to you, We can meet with any of your groups at any time to get into the details, but high level are high cost drug discount optimization program. That's when Michelle just asked about with polar X, Not only continues, but there are just over 30 drugs that we're going to be able to add to the program effective January first.
15:32
So that will again provide significant improvements for our customers that have this program in place.
15:38
And the current PBM arrangement did not allow for those drugs because there'll be penalties from a rebate perspective. Moving forward, that goes away so optimus fully supporting us with that program and allows us to expand that starting in January. So that's fantastic.
15:54
And we've also been working really hard internally for the last six plus months to be able to offer this solution for you for your high deductible health plan. I think that's a big gap. I get asked about it all the time, Michelle, I'm sure you do as well. So sometime, hopefully first quarter, I'll be able to give you guys a date where you'll be able to opt in. Our EOC customers will be able to opt into the solution for your high deductible health plans.
16:20
So, that's been, again, because of the partnership with option marks that we're able to expand that program. And similarly, we rolled out a drug discount adherence program, and powered by Some for Health, they've been a fantastic partner. We're going to continue that partnership, and hopefully do some really cool things, working with them in the future. But starting in January, because of our Partnership with Optum, we're able to expand that program. It will now include all Mail Order claims and I'll include 90 day.
16:50
There's some really nice enhancements coming first of the year. We're going to talk about ... here in a little bit, and provider tools that are going to improve the member experience.
16:59
But from the scenes in the pipeline that we're excited about as a diabetes optimization program, that I think is going to be fantastic, we're going to have access to information where reports are more easily pulled together to show when a member might be on, let's say, 2 or 3 diabetic drugs, When we know there's an alternative in the market where they can take one drug, instead of the two drugs to simplify, you know, taking their medication, that is going to obviously improve adherence. So, we're going to be able to proactively take that information, reach out to our prescriber community because we've got great relationships with our provider community and then have that change in prescription dance through the provider.
17:40
So, we're not interfering with the member, or in creating any disruption for the member. If an arrangement where we get to work directly with the provider community to improve and experience for the member, and improve the outcomes for the member, that's going to be fantastic. There's a trend tracker tool that were also taken advantage of from the opt in partnership. So, it's the, you know, drug recalls and we're going to talk about that a little bit, but beyond just what's happening within the pipeline to support the emerging therapies team, the show other trends that are happening in the market, that will have access to that information more proactively so we can make better decision making. When we may need to make tweaks to our drug list or to our clinical programs, or to outreach to members to keep them aware of what's going on. So, that's going to be a real fun tool for, again, our clinical team to, to be able to take advantage of that, I think it's going to provide value.
18:34
There's some monitoring, or there's a new tool that we're also going to roll out as a pilot.
18:40
Where similar, like, we're doing some monitoring of the diabetes claims for a provider, right? To give the provider more information to help them make better decisions when they're prescribing to one of our members.
18:51
Similar opportunity to take advantage of maybe some identification of gaps in care, but send that message to the

pharmacy. So we're piloting this small network of pharmacies, just local to Michigan, to test the waters with this, but are excited about what potential that might bring, where we're getting the, but the pharmacy information on some gaps. We've identified based on data that, you know, they can interview for, Have a conversation with. The Member to, again, help us close those gaps.
19:23
To lots of really good activity coming in 20 22, in 20 23, and looking forward to lots of opportunities to get together and share more of the details on our roadmap moving forward.
19:34
So, Kim, I mean, obviously, integration and medication adherence is really, really important. And I know that that's been a tough nut to crack across the board. So, that's fantastic news.
19:49
I've got some questions. So, there's some interest around pillar RX so, will self funded groups be able to get savings estimates for pillar at our RX sensors?
20:03
It's 30 new drugs that are going to become eligible, and, if so, how would they obtain that information?
20:13
Yeah, excellent question, and thank you for asking. Reach out to your account team.
20:18
Your account team will work with my team to get you that information and provide you an impact estimate and the new drugs being added.
20:26
You benefit if you have utilization.
20:29
Good or bad if you have utilization, but at least, if you do have it, there's gonna be no additional savings opportunities. But we definitely can run that analysis for you. Just reach out to your account team. And we'll work together to get you that information.
20:43
Wonderful. Thank you.
20:47
And I think you were talking about this, so, can you elaborate on blue crosses patient assistance programs?
20:57
Because there, I think there's some confusion between pillar R X, versus patient assistance programs.
21:06
Yes, patient assistance programs are free drug programs, and very different.
21:12
So there are the coupon dollars the manufacturer provides to the market, in our program, in partnership with pillar is capitalizing on that free money. Right.
21:23
So we're preexist program, where we maximize the dollars that we can use from the manufacturer, so that you aren't paying for those drugs. Right.
21:33
So that process to the same system that's in our system, we work with pillar to share information.
21:39
And so we adjust accumulators, again, maximize savings for that PAF programs are different. They're still manufacturer money, but they are patient assistance programs.
21:49
Typically, almost always are free drug programs, so they keep a separate virtual inventory of their medications, and typically provided to members that have served that meet certain criteria. So they don't have insurance, usually is one.
22:06
You have to meet certain income requirements, and before that, we'll release access to the free drug programs.
22:14
And again, typically, when a member accesses a pap drug, that claim no longer, it's in our system, so we don't have the opportunity to apply safety audits. Our UM is no longer applicable, we have no purview to that information, so they're very different than the coupon programs we're maximizing right now.

22:37
There are some opportunities, potentially, to look into partnering with maybe some of these vendors that work in maximizing papp program for members, as well. But, that's all in very early stages, And much too early to put on the roadmap right now, but, we are in discussions, again, with some partners that potentially could turn into an opportunity, a rollout of program that would tap into some that's half-hour.
23:06
Wonderful, Seems like there's some interest in that.
23:09
Um, can you, I think it talks about the high cost drug optimization program, Is that later on, or should we just, should we dive in a little bit more? That's the pillar program. Yes, we can talk about that. next.
23:23
OK.
23:27
What would you like to know?
23:29
They've just, someone's saying that they've never heard of the high cost drug optimization program, so they wanted to know if you could provide a little bit more information on this.
23:43
Doesn't matter because they have a high deductible health plan.
23:47
Absolutely. Thank you for the question. So, for all of our group customers that have high-tech to the health plans, this was not a solution that you were able to take advantage of yet because of how the program works and adjusting members deductible.
24:02
On a non hydric soil health plan, that same process doesn't work on a hydric soil health plan.
24:09
There were also concerns around from a referral that we had to work through.
24:13
So what we've been able to accomplish in the last 46 months is we've created a fix where we are able to apply the high cost drug discount discount optimization program to a high deductible health plan.
24:28
We're working through the fee structure with pillar, so for non hierarchical health plans, it's 25% of the savings of the drugs.
24:36
So you save Heather gets paid 25% of your savings, so it doesn't work that way. On our hydro for health plan.
24:45
Flat, 25%, we feel unfair.
24:48
We feel that that I don't wanna say gouging, but it just feels like excess because of how the hydro for health plans work compared to how the program works. So, what is happening to work through the fee structure with pillar and we've been negotiating a good three months with pillar on that. I had a call just last night on it. So again, my push is that here in a second.
25:09
first quarter of 2022 will be able to announce the opportunity for you to opt in with your height of the whole thing into the high cost of disconnecting the station program.
25:19
Fabulous chef.
25:20
I know we're excited about that.
25:27
Well, I have one more question before you go on to the next slide, because it did talk about prior us, and that I want to make sure everybody understands. We are keeping the prior art program.
25:40
And there was a question that said that they didn't really see, and in their experience, they see a lot of approvals. And

I'm like, that is wonderful that you see that. But they think that we don't give denials.
25:53
I will tell you, I know we get denials because sometimes, yeah, actually, obviously give some denials that then escalate, and we have to work with the customer.
26:04
So can you explain.
26:09
I'm sure many people understand. But can you explain the prior Auth program, why we really have it? And that we do, actually, give denials.
26:20
Oh, my gosh, I would love to, because this is like one of these great topics that you don't get enough opportunity to talk about. So, first off, remember, we don't charge for PA. The Blue Cross Blue Shield of Michigan is not charging you for EPA work. We don't charge you for step therapy.
26:34
We don't charge you for quantity limit, which means we have no incentives to apply any of those, unless it's clinically appropriate.
26:41
So the PMT committee that we talked about a little bit earlier, right? The medical team pharmacy team worked together to decide what the appropriate on our drug list, where a drug should follow, on what side of the benefit they're looking at, All the studies are the outcomes. They're reviewing the pipeline, some of the information available on drugs in the pipeline. And that's what they base, their decisions on emptiness, clinical appropriateness, everything is patient safety.
27:06
So they're looking at the, you know, the side effect profile for a particular drug, compared to another drug that would be treating the same disease. You're looking at what are the clinical outcomes, which drug is going to be most advantageous as far as an outcomes perspective.
27:22
And so, you have to take all that into consideration to decide, what is most appropriate clinically, that's first.
27:29
So, once they make a clinical, appropriate decision, then we need to look at cost.
27:34
And that's actually done by a whole, separate team.
27:36
So, the clinical team is not always in the room, talking about financial decisions, other than to provide guidance on outcomes and clinical studies, So that financial pieces made, after all the clinical safety decisions are made, and then, we want to make sure that we're steering members to the lowest cost lost net cost. Right. So, we don't chase rebate.
27:57
We have a refer drug list, and where we optimize rebate dollars, right?
28:02
So there might be times you are paid for brand over generic, because it is the lowest cost strategy in that scenario. Outside of that, we are always looking at not chasing the rebate, but just really staying true to that low cost strategy. And again, I think that's a big differentiator for us, Michelle, and how we do that. So the prior auth is only applied.
28:23
if it's going to ensure clinical appropriateness for that number, we want to make sure if there's lower cost drugs, that the patient should have tried first, that is built into that whole UN process. So, that's the clinical team does. So, we're only 80 PA.
28:41
If there's reason why we need to ensure clinical appropriateness, whether they need to have a certain genetic makeup, or they have to have validation, that they have the indication that the drug actually treats.
28:54
There's so much information and pharmacy. It's very complicated. It's not reasonable to expect every doctor to be able to keep up and all of that. And if they could, then we wouldn't be pharmacists.
29:04
So the pharmacy team is there to keep things honest, and make sure that our members are only taking what's most appropriate for them, in the conditions of the drugs are trying to treat.

29:14
Hopefully that helps.
29:16
That's an excellent, excellent description. So thank you.
29:22
Well, let's go ahead on the roadmap, rather more roadmap.
29:26
So, Again, looking at some opportunities to improve what we have in place today, actually does provide a tool we're taking full advantage of, to give us drug recall and withdrawal information earlier.
29:39
So excited for the clinical team to have access to this information so that we can outreach to your members more timely so that it's more speed to market.
29:48
It gets us a little quicker and how we're able to communicate that information, and they also have a nice tool that's going to give us access to compound information and prescribing information. We do a really good job of managing compounds.
30:02
The opportunity, though, is where most compounds have multiple ingredients. I think everyone understands that.
30:08
And so we want to make sure that we're looking at all those ingredients and looking at the whole picture and looking for opportunities to even further improve how we're managing compounds. So these new reporting tools that give us better access to information are going to help us do that. Same UM, like everything I just talked about, Michelle teed up so beautifully for us.
30:26
There's opportunities, again, based on access to more consultation of, I guess, an analytics coming out of the data that's going to help us make better decisions.
30:36
We do a really good job of managing opioids. I was a consultant for a large brokerage firm, before coming to Blue Cross.
30:44
So I spent years supporting large employer groups and health plans all over the country. And when it came to Blue Cross, without question, we do a better job of managing opioids than anyone else does. And so now don't want to get comfortable with that.
30:58
We say, OK, there's this new tool, and we're going to have opportunities to look at information differently and make better decisions with being more I don't want to say more restrictive, but more controlled on who has access to opioids. So, obviously, the clinical team super excited about that. The patterns of care program kinda ties back to what I was talking about earlier, with the guide, or diabetes optimization program with gaps in care. And I talked a little bit about that, where we're going to have a pilot, right, where we're giving pharmacists information, or the patterns of care now is looking at data.
31:33
And, again, taking this tool, insane provider community, we have really good relationships with you.
31:40
We've identified that, you know, there may be gaps in care for this list of members that you're trading to now. We can have more meaningful discussions with the provider community, by sharing reports and outcomes information for them to take action on improving care for members, improving outcomes for members, without having to put the member in the middle of that. It's working directly with the provider community.
32:06
That is super important. I think there was a question is, the diabetes program is a long ago. No. Now to two separate programs. Still, Yvonne go is working with members and teaching them about diabetes and how to control their diabetes.
32:23
Medication adherence will definitely be part of their discussion when they're working with a member.
32:30

But what Kim was talking about here is working with doctors right after camera, and sometimes being the case manager that I am, many doctors would talk to their patient about adherence and the patient may say, oh, I'm being adherent, doctor Brown. And when they're not using, they can see that in their hemoglobin A one C. But I think this is better feedback from the pharmacy program to our positions. Right?
33:02
You got it.
33:05
Yeah. Good clarification. Yes, Good, good clarification. And I guess before we leave this slide, just know that, again, not getting comfortable Log will always looking for opportunities to improve. We are looking at some opportunities to, again, working with providers, better, get some outcomes information, Tied more to these really high cost drugs. We're talking car T treatments.
33:26
We're talking, you know, cell therapy or gene therapy, so looking at one of the outcomes and getting that outcomes data back from the provider in a more real-time fashion. So, there's some work being done on that. When we have access to that information, this will improve our ability to better negotiate, with the manufacturers to improve our value based contracts.
33:47
So, obviously, we have those in place today.
33:51
Not a big fan of those, personally, because I don't like paying for drugs that don't have the outcomes that they're expected to have, but at the same time, that's a real time occurrence that happens. So, we try to control for that and manage patients for that.
34:04
If there's dollars on the table, we want the dollars, right? And then obviously, we pass that information on to you, if your customers. So, this is going to really improve our ability to have more meaningful, value based contracts than what is available in the market today, and continue to look at opportunities to close those gaps in care. Again, using recording technology data. And then, starting in January of 2023, there's some opportunities to partner with Optum R X to support NPM for Medicare members.
34:33
So, that's some future plans that help improve the experience for our Medicare members as well.
34:40
Lot of work going on behind the scenes with Medicare.
34:44
Yes, so, Is there a difference between high cost drugs and specialty drugs?
34:50
Are they the same, or there's high cost drugs, and there's high cost drugs, and a specialty. I think people are a little about what that means.
35:00
Oh my gosh. Excellent question. There are no standard definitions of specialty pharmacy.
35:05
Every PBM, every health plan everybody defines it a little bit differently. Which makes it challenging. and that's of course, why there's confusion in the market. So we have, I'm gonna, pull out, or a high cost, drug discount optimization program again.
35:19
So our pillar program, I feel differentiates lacrosse this solution because half the drugs in that program are truly especially medications that we indicate, right, are especially medications in the drug list, and then the other half actually process at retail.
35:37
So, the other half the drive to the program are drugs going to retail, that are just super expensive.
35:42
So, there is confusion because there is no definitive way to define a high cost drug.
35:49
It depends on who you're talking to in their perspective, so, for us, true especially medications, Special handling, lots of side effect concerns, where we need a especially pharmacy provider to help with that member experience.

36:03
And then, there's expensive drugs that are more manageable, that we can allow you to go through the retail setting, and they're still expensive.
36:11
Then, you have gene and cell therapies, and there's a whole new level of high cost. Now, we're talking millions of dollars, rather than thousands of dollars.
36:19
So, don't feel bad that you're confused. It's confusing.
36:25
So the answer is, there's really high cost drugs everywhere that we need to control in all three levels. Yes.
36:32
So, pillar RX because you're talking about pillar RX, is that taking place?
36:38
Good RX?
36:41
No, nothing.
36:42
Not even, in the same bucket. So, good, now.
36:46
Good R X is maintenance medication.
36:49
So think every day, I say, less expensive, They might still be hundreds of dollars, but lesser expensive medications, right, where the good or act solution will offer a member a coupon, if you don't process the drugs through your health plan.
37:04
Alright, so they process it, you know, outside of the benefit, and then you get access to these coupons. Big challenges for us is that, again, it goes like we were talking about earlier, We don't have access to those claims.
37:15
So all safety at it, no longer in place.
37:17
So there's safety concerns that we would have for our members that are taking advantage of those coupon programs.
37:24
That is another area that there's a lot of activity going on behind the scenes at Blue Cross. Not ready to put it on our roadmap, but know that there's a couple of different groups of us that are working on potential solutions, to still allow members to take advantage of the coupon dollars for the lower cost medications. Again, so it could be hundreds of dollars.
37:45
But get those claims back in our systems. So from a clinical safety perspective, you know, all those natural edits that we have in place today. demo them will apply, So, more to come on that catch me, you know, after first quarter in 20 22, and wholesale, have some fun updates for you.
38:01
Michelle will keep me honest.
38:03
Hmm, hmm, hmm, hmm, hmm, hmm, hmm, will do.
38:08
All right, Quick update because, you know, everyone's interested, To tell you it's allotted work to transition PBMs would be just a vast understatement there. I'll tell you, we started this work back in August.
38:20
So even though we did not make a decision to transition PBNs until January, we started seeing like we were might be moving in that direction and started the work back in August.
38:31
Things are obviously now speed it up. So now we're in peak time for all the activity. There's so much that's gotta be done behind the scenes.
38:38

I'll tell you are mandatory, drug list changes, final done, OTC drugs with spinal done formulary, drug list changes, I'll say, clause a final. The clinical team has made their decisions on what they want to modify. There's just some analytical work doing going on behind the scenes, to make sure those are the right decisions. Everything that we're doing, we have to look at the member experience, Right? We don't want to be taken down to the point where we're just creating a member, a miserable experience for the members. That completely against everything that we do at Blue Cross. So a lot of work into ensuring as we're making decisions, that will change potential impacts for members, that that member destruction is super small and it's because they're significant value limit. All of the work done with networks actually got finally to find hot off the process. You guys are the first to hear, The network outreach by the action team has wrapped up, weighed one very small volume of pharmacies that are not in the network that are serving our members Right now, like very small.
39:45
So, you know, additional outreach is going to those pharmacies to encourage. Again, please reconsider join the network. We want you to continue to take care of our members, but are very pleased, again, that work is done Round one, the other big efforts in place now wax even before we start testing with the data mapping.
40:07
So that's a big deal, right? All that work is complete.
40:10
So we just started testing, So this is like the critical stuff, right, For the next few months, testing everything, testing, benefit, setting, ineligibility, anything that you can dream of, it needs to be tested. There is a test case and built, to do that. Everybody in pharmacy services is involved in testing.
40:26
So tons of work being done now, to do everything we can to make sure there's no disruption come January first and everything that you expect to process as far as your benefits go from pharmacy on the first of January process. Exactly. As they're expected.
40:42
So again, the teams are working really hard to work through this transition and making great progress. We are on track with everything. There's been a couple of delays in some data, file exchanges corrected that pretty quickly, so that we're all back on track. So, you know, there's a lot of oversight. I think, Michelle, you sit on some of the executive committees with me. We provide updates to the leadership. Everyone's looking at it. We have a couple of consulting firms that are supporting us through this transition. TWC helps us a lot more clinical, or I'm sorry, not simple, more technology data focused.
41:19
Big supporters, PSG, is still helping us. They were a big part of the RFP for both PBM and Specialty Pharmacy for us.
41:27
So they're continuing to support oversight. There'll be responsible for our post go live, testing. So there's, again, a lot of work being done by a whole lot of people, and I don't think there's anybody at Blue Cross who's not involved in this work right now. This is not something that's definitely limited to the pharmacy services team. Everyone across the enterprises involved.
41:50
And again, like I mentioned earlier, we're already starting to do work to support that Medicare transition.
41:55
So, the good part for our Medicare friends is they get to take everything that we've done, is say, oh, carbon copy, and then tweak it. However, they need to tweak it to ensure, obviously, for compliance from a CMS perspective. But just want to give you guys a high level update. So far, no, no alarm bells going off and hopefully we'll get through the end of January with no alarm bells going off or at least none that we can't quickly address.
42:21
So that's fabulous. So we're not anticipating a lot of member disruption, meaning, they're going to a pharmacy today that they can go to tomorrow.
42:33
That will be absolutely minimized.
42:36
Yes, Yes. Exactly. So, there's a handful of pharmacies to have that on board to join the opt in network, and, again, we'll continue to work with them, but grateful that most of the pharmacies that were not already in, the opt in network did sign up and are in network now.

42:52
Communication will be a big theme. We're going to talk about that in a minute, so that all starts actually today. Absolutely.
43:00
Can I just want to make the question is, so ... replacing express scripts, the answer is yes, yes, absolutely.
43:10
The mail order, I think there's some questions about mail order that mail order is going to Optum RX.
43:18
The answer is yes, do groups have a decision there to make? or is it just an automatic switch? They're going to express mail order to so that there is not a group decision to be made there.
43:32
And, while you're going through this, if you could just explain the member experience for mail order, do they have to call their doctor and get a new script?
43:42
Do they have to cancel their mail order with Express Scripts?
43:46
There's some questions around what the member has to do for mail order.
43:51
Just say it. Yeah, good question, and, I mean, reasonable concern, right? Because we are changing mail order pharmacies.
43:58
So, we will not be working with Express Scripts mail order. We will be moving to Optum Home Delivery.
44:04
So, all active prescriptions will be transferred from ESI to opt in.
44:10
So, there's a thing called an O R T file.
44:12
It's an open refill tape that legally transfers prescriptions from one pharmacy to the other. So it cuts the prescription off at ESI, give legal access to that prescription to opt in. So obviously that's taking place which will address the majority of the prescriptions that are processing through home delivery. There will be a few exceptions, Right?
44:31
There'll be members whose prescription expires in December, and so then those members are going to need new prescriptions from their provider and then obviously get that into the home delivery. So there's a ton of communication going out, we're communicating Atkins communicating, we're doing outreach after doing outreach, so we're kind of piggybacking on to the rest of this year, Again, starting versus September, right around the corner to make sure that members or members get that information in their hands and they have plenty of time to take action and a constant monitoring of claims.
45:06
The operations team have a very robust monitoring process in place. The war room close lives, the end of this year to make sure we're doing everything we can to outreach, and the app is a huge part of that, especially because they're going to own a home delivery. So, lots of work. The other action a member will need to take is that payment piece, credit card information can't be saved. It cannot be transferred.
45:32
So, the member will need to provide their new payment information, but he's an HSA card or whatever they're using to pay for their prescriptions in, this kinda goes back and I think we're still going to talk about it here in a couple of slides.
45:44
The app and the portal are a gift right now because they make everything easy. If members are comfortable using the portal or the apps, there's never been a better time to sign up.
45:56
You get real-time Access to your new member, ID card, and then the tools that, and again, I'm jumping ahead a little bit, but the tools that we're going to have, but often supporting our portal in our app are significantly better than what we have in place today. Very much more user friendly, and then they can manage their own prescriptions using the portal in the app, so they can refer prescriptions to home delivery. They can ask for, delay the delivery because they're on vacation. There's a lot of really cool things that you can do yourself and better be in control of your own treatments. in

the delivery of your treatment.
46:39
OK, Wonderful, OK, so, just like, going back to, like, we didn't touch on this, so, PA had pre check my scripts was up on the screen here for a few minutes. We were talking about other things. These, again, provider tool.
46:54
In case you didn't know, we did rollout ETA last year, very strong adoption. We were at like 6364% by March. So, most of our providers are already using Electronic Prior Authorization.
47:08
PA Hub was our preferred tool. We were not able to use in current state that With The Partnership With Optum, we are now able to implement PA Hub.
47:18
So, it gives, prior authorizations, access information at the fingertips of our providers, if you complement that with pre checked my scripts, it's like magic. So now a provider can actually do a test claim.
47:32
So they can actually put the prescription in from their tool. Again, they're doing E prescribing already, They're already doing EPA.
47:38
They're going to already, you know, quickly have access to this information. It will tell them if a drug requires CA and that if there's an alternate drug that doesn't require a PA, that might be a better solution. It tells the provider if there's another drug within the drug list, you know, within the members benefit, that the member less money.
47:57
And so there's a lot of real-time information that gets that immediately to the provider that allow the provider to change maybe the direction of what they were going to prescribe based on that members benefit. And the **** that saves the member money. It saves you money, and then reduces the volume of ... that we have to review, which makes us happy, too. So we're excited about that.
48:18
The next slide is like, a snapshot one of, I think all the clinicians that are on the pharmacy services team are excited about the, the pre check, my pre check My Scripts and these new provider tools. So, again, improving member experience without having to involve the member, and this is all know technology that we're working with our providers on to improve the member experience at the end.
48:44
Fabulous.
48:46
That was a screenshot, a preview. That RIT coalitions probably aren't excited about this, but the conditions that have access to the two are very excited about the information and the ease of access to information.
49:06
There's the fun slide. All right. So you keep hearing me talk about the technology that Atkins bringing to us.
49:12
The PBM manages our portal our app behind the scenes, right?
49:17
They're funneling the technology that helps our portals work and our apps work when it comes to drug information.
49:24
So our Member Experience team, Digital Team, did a, an assessment of current state, future state, and validated that all the core functionality that we have today is available, moving forward, plus a lot of really fun features that I think the numbers are going to appreciate. I think the new tool, it more user friendly.
49:47
Not, you don't have to go to pages of information to get to what you want. The most relevant information that members are looking for most frequently are right there on the front page. Again, like I mentioned, with the home delivery controls, you have more, you're empowered, I guess, with technology to, to make better decision making or control your, your prescription benefits.
50:08
Sometime in 20 22, members are also going to have access to that PA.
50:15
Status Information, which I think it's going to be really helpful, that providers have it now, right, with the tools that we

just talked about. So, moving into 2020 team members are also going to have access to Go, and what the status is if they're PA. And I think that's going to be a big improvement, again, to the member experience, and less time. They have to try to pick up the phone and asked for information. They're going to have it at their fingertips. So, we're really excited about the improvements that everyone's going to see, you don't have to do anything. It's going to happen magically behind the scenes. And then I think a big thing, speaking pharmacy benefit is that digital ID card.
50:47
So one, you know, January one hits of 2022, the new digital ID card with the new bin number and all of the member out of pocket information is going to be already displayed on the ID card in pharmacies except member ID card. And I'm jumping ahead on a new topic, Michelle, but I just think it's important to point out the importance of, you know, that the improvements that I think our members are going to see with the digital tool.
51:14
So is the number the BCBS RX bin number and group number going to change group numbers do not change, just the bin number will change, and if you flip that map to the next slide for us, it's right there on the slide, as you can even highlighted it.
51:34
There it is.
51:35
So there's, flip the new cards look like, so you get a real-life sample of what the new ID card, in, like, we have, talking about, the members that have pharmacy benefits with us.
51:47
They, obviously, all get new card first.
51:49
I think, Michelle, between the two of us, we're going to talk about the Consolidations Appropriations Act and the impact of that timing. Maybe not so good for us. But we're happy to be doing a PBM change at the same time. There's some regulatory changes happening around ID card, bottom line, all members getting new cards.
52:06
We're going to start with members, with pharmacy benefits.
52:09
So all of our members that have blue, Blue, Cross pharmacy benefits, we'll get their carts first.
52:15
We start that process in October, I think we're going on, like, 200,000 cars a week from memory.
52:22
So then we're gonna continue to release cards for our members, they have pharmacy benefits with us.
52:28
And there's an issue date on the card, there's gonna be a really nice card separate that goes with the card to remind them.
52:34
Use this when starting January first, Not the date that you get it. This is your January first card. So, we'll be doing a lot of work to reinforce that messaging and ensure that, you know, members are going to know which card that they need to be using. And then there's messaging, also. We've worked out with EFI.
52:52
So, if a member start to use their old card in January, and don't misses, the new card, throws it away, whatever they do, because that happens. When the member goes to the pharmacy, after January, there will actually be a POS message point of sale service message. That goes to the pharmacy advising the pharmacy, that, the members no longer covered, under, the EFI, then, that they need to process the prescription using the opt in.
53:21
So at least, there's some additional communication They're going to go out to enforce that messaging at the pharmacy to prevent, you know, disruption for those members who aren't paying attention to them, and Tried to cover all of our bases. Absolutely, Kim. So we recognize, I think, we've received a lot of questions through our account management team already about ID cards.
53:44
So we know that ID cards are critically important.
53:48
Not only are they important because of a new PBM, but also because of the C A Mandates around transparency. So I think this may be the first time that many of you are seeing a copy of the card.

54:07
We've received questions, can we customize the card?
54:10
Unfortunately, we are not customizing any cards for groups in 20 22 only because, as you can see, the real estate has become very, very small because of the need to fulfill the mandate requests that are coming through.
54:29
So, there is a mandate around transparency.
54:34
And what that transparency means is that the members, information on their co-pays, deductibles, needs to be on the card which you can all see on the card.
54:44
So you're getting to see what that looks like and what the cards will look like for the members.
54:51
So, I think the other question that we are receiving is, what is the timing of these cards?
54:59
And Kim has kind of given you the timing for the cards, for the people who are getting new cars, because it's pharmacy, so I want to make sure everybody recognizes, we're not just focused on the groups that have our pharmacy, We just needed to do this in a organized fashion for all of our groups.
55:21
Because all of our groups, eventually, by the end of 2022, will need a new ID card, but there's a lot of ID cards going out, and we want to minimize member confusion.
55:37
Because ID cards will be issued, number one for the farm people who have our pharmacy, Because they need a new card because of the pharmacy? So while they're getting a new pharmacy card, we are adding the CAA mandate transparency information into that card.
55:55
For groups that do not have our, for our pharmacy product, we still know that it's critically important that we meet the CAA mandates, but they do not have to be met by 1 1 of 22.
56:10
So we have time to update those cards throughout the year.
56:15
So let's just take a member that is in a group that does not have a pharmacy with Blue Cross.
56:25
That card will not, they will not get a new card in 1 1 of 2222, but 20, 22, if they're grouped, makes a group wide change that does affect the information on the card. So, you're doing it. Just, you made a decision to change your co-pay or deductible.
56:47
If those decisions are made, and the group wide change comes in, that will, that affects the card, then new cards will be issued through those processes.
56:58
So the normal processes that exist today will exist in 20 22, and new cards will be issued with those group wide changes by the end, if a member calls in and asks for a new card. So let's just say in February, the member loses their card and calls in.
57:18
They don't have our pharmacy, they call in, but they had the new card that card would be issued. And it would have the new CAA updates on the card.
57:30
I want to make sure everybody understands the virtual cards that will be downloaded on your phone, you know, downloaded the virtual apps.
57:39
All of the information will be there. And will be current to Meet the CAA and mandates for everyone, for everybody that has our pharmacy, or does not have our pharmacy, so they will stay, will be there.
57:52
Then by the end of 2022, any employee that does not have a new card or group that does not have a new card, because

they did not have a group why change, it affected the need for that card. We will be making sure that all of those groups get a new plastic card by the end of 2022, to meet the C A mandate.
58:19
Hopefully, that helps, Kim. Does that do that?
58:24
Obviously, hopefully, I'm adding in to your conversation around new cards for pharmacy, but wanted to make sure that people understood, that don't have a don't have our pharmacy, that they're still being addressed, as well.
58:37
I think you did a great job. Michelle, have covered a lot of the questions.
58:41
you know, that we've been getting from customers, from our internal partners on the situation with the ID card. So, I think you did a great job, and hopefully, the audience feels more comfortable with the strategy and getting new cards out to ensure that everyone's compliant.
59:03
Communication, fun facts. So, communication is so critical right now.
59:07
You can't overcommunicate right now, Needed to communicate to all of you. Our group customers need to communicate to our agent partners. We need to communicate to our providers that are really important. As you can see, there's a lot of engagement that's going to continue and expand with our provider community, and then you're always looking at the member. You know, who's going to be impacted at the end? So, communication is pretty critical.
59:30
There's a go to market strategy. I'm fortunate or unfortunate enough to be responsible for, so there's a lot of work being done.
59:39
I God bless everybody on the team that's been involved in this, because, again, it touches every part of Blue Cross.
59:46
Pretty much, So, we have a very comprehensive communication strategy always looking at getting information in the hands of our group customers and our Agent partners first, Almost in the same time in parallel with our provider community, so that, you know, you guys know what's going out, what information be shared before our members get information. So, yeah, if you flip to the next slide for us.
1:00:09
This slide gives you, I guess, a snapshot of the comprehensive strategy that we have in place today. Multiple touch points with the member, multiple touch points that produce customers and with our aging community. And this is, again, I'm going to give my friend, Michelle, a pat on the back. She and I stood on the command centers together to talk about, you know, how we better take care of our customers in. I think it was Michelle's idea to do that, your customer webinar today. So, we want to invest as much time as you need us to, to make sure you're comfortable with the transition that, you know, if your employees, if your members are going to have some level of destruction that you know about it. You know, about an advance, and that you're prepared to help hold their hands into, January first to take any action is required of them.
1:00:53
So, this whole strategy around communication is, again, ensuring everybody that's going to be involved in any changes that are happening between now and first of the year, that all parties have more than one opportunity to hear about it and get that information their hands. So the appropriate action is taken.
1:01:11
And then, I don't know if you want to flip right into the next slide, because it kinda ties right into, you know, being ready on January first.
1:01:19
So, communication, super important, it's critical, You can't do enough of it, but we all know, right, not everyone needs the mail that everyone picks up the phone, that. Everyone pays attention the information that's being shared. So we have to be prepared, you know on the other side, to ensure that we're reacting to, that. There's a whole prevention disruption prevention strategy in place really kicks in in November. So many of effort put into place by the pharmacy operations team. Thank, God, for every, single one of them, that are pretty much going to be working around, the clock, threw out a month of December and January, so, multiple data review.
1:01:56

Touch points with them, for you're looking at the claims, are looking at eligibility, You're running your quality checks. You're doing that testing. We talked about earlier to make sure everything's practice inaccurately. All of the touch points that are in place, you know, nighttime today, starting the end of December. are there to make sure that it's something is a glitch in something, identified, this map processing correctly. We're taking action immediately to correct and fix that before there's ever an impact to a member. So, this is not our first rodeo.
1:02:27
There's a lot of folks that are working with the PBM Migration that have had experience doing this before the last time that we went to this, I think, 13 years ago from memory. I wasn't here, then Gratefully, you know, Blue Cross takes care of our employees. So, a lot of that knowledge is in place and like I mentioned, we've hired two strong consulting firms to help support us through the process. It's a huge undertaking and everyone's focused on that. No prevention, or no disruption come January one, So everything that we're doing, you know, moving forward, like I said, really critical in December, in the early weeks of January, are just that.
1:03:08
Proactive quality, checking on everything possible, and then having processes built in place where both the action team and our pharmacy operations team at Blue Cross, or working collectively and collaboratively real-time every day to quickly address anything that comes up. So, lots of work being done by these teams, We're gonna use Panama Pizza and Flowers and whatever else they need, through the month of December. January there, monitoring progress of this transition. But I just wanted to make sure you knew we, we understand it's a big deal. We understand, you know, I'm sure you all have concerns as well, but we're doing everything we can to ensure that come January one. It's like Disneyland right? On the surface, everything beautiful. There might be a lot of running around behind the scenes, but, you know, from a member perspective and from your perspective as a customer, that things go absolutely smoothly as we transition to our new partnership.
1:04:07
So, Michelle, I think that's all we have planned today, but we've got time to take more questions.
1:04:14
Great. Well, thank you for everybody that is submitting questions, and I'm going to take some of these questions and do a round robin here with Kim, so that we can answer as many questions as we possibly can.
1:04:33
So, first of all, count, is this transition, or does this transition include BCN, oh, yes, good question, of course, And shame on us for not mentioning that. Thank you for that question.
1:04:47
Yes, absolutely, all of our commercial business moves to Optum January first of 2022, and all of our Medicare business move to Optum January first of 2023.
1:04:58
Fabulous, thank you, OK, this is a great question from Mary and what is the expected cost savings for members?
1:05:06
So, is there anything, if we're getting better savings, will this affect the members pocket book?
1:05:16
Such a good question and what that no one ever asked.
1:05:18
So most of our focus when we're, you know, looking through our clinical initiatives when we're rolling out new programs, when we're applying UM all the renegotiation we do with our vendors to ensure we have the most aggressive discounts. And most aggressive rebates to pass on to you is really focused on you as a customer. So most of what we do from a cost perspective is looking at helping you keep your premium cost down, helping youth self funded customer, keep your costs down. We do have the Drug Discount Adherence Program. That's when I mentioned early on, that we've partnered with ... House.
1:05:53
That's expanding to both Mail Order and 90 day retail, starting in January, because of the partnership with them. That is a pure play member savings program, so all the savings from that program, 100% goes to the member.
1:06:08
It's just that the right thing to do. We feel there.
1:06:11
This efforts, you don't want outreach, that's automated, right to that member. We don't require them to participate. They are invited to participate in when they refill prescriptions in a timely manner.

1:06:23
They get more and more dollars taken off of their out of pocket, again, using manufactured dollars. So it's this beautiful win-win. As of last week, we already exceeded the $3 million mark.
1:06:35
So since we launched the program in 20 19, we're now sager members over $3 million, and that is a 100%, again, peer member coffee program.
1:06:48
Fabulous. Thank you, Kim. So let's talk about communications because obviously that is paramount with a lot of people.
1:06:55
So Becky is asking, Is there a communication package that we can use for their employee communications that's available to them for them to access?
1:07:06
And I do believe that, that is being created for all of our employer groups, but I just wanted to check Kim, if there's going to be like a communication toolkit for our employers that they can use.
1:07:20
So, I don't know if we want to call it a toolkit, but everything you would need, a toolkit, right. So that disruption that's going to impact your members. You're going to have that be for your members, have that capital letters that your members are gonna get. You're gonna have that before your members have that, so. any changes that impact your members, you're getting that information, and you'll know which members from your employee base, right. That are impacted by those changes. You'll have that information in. Advance.
1:07:45
So, like I'd mentioned earlier, customers, and we need you to have what you need before your members know, and get that information, so you're better prepared to support them and answer the questions.
1:07:56
So, yes, that's all part of the communication, 100%.
1:08:00
And, I guess, if there's anyone on the, in the audience today that feels like, we need to create more of a toolkit, then that, certainly, send in your question, or your request.
1:08:12
And we can certainly, look at, if there's a need from an employer perspective to explain more about the, you know, the Change to Optum. We can certainly look at that.
1:08:25
So now, the other, another question was that we mentioned that all of the questions are coming in so fast that my stuff is jumping all over the place. But can members obtain home delivery by asking their PCP to E prescribe directly?
1:08:46
two pole delivery?
1:08:50
Oh, super good question. And you, stumping me on that one device wanna say they can do that, the E prescribing tool.
1:09:00
But there's another part of, this is another member actually has to manage that through the portal to the app.
1:09:06
So that needs to be a takeaway, Michelle for us, that we take back and validate for you guys because I don't want to give out wrong information.
1:09:13
OK, wonderful, now we also mentioned that all active prescriptions will be transferred from Express Scripts to Optum unless they're expiring in December. So, they just want to make sure, is there anything that needs to do to ensure there's no disruption and access to their prescriptions? So no new prior Auth flow to occur if they're already on file from Express Scripts.
1:09:42
Yes, because we didn't touch on that, a good question, whoever asked that one. So that TA Center in place again, we own PA. So those apply moving forward, right, you don't have to worry about disruption there because we own UM. Right. So that's the prior Authorization step therapy quantity limits.
1:09:57
So all that stays constant, there's no disruption there because again, that's, that's, that's our stuff.

1:10:04
OK, Kind of around this disruption, are you aware of any loss of major box stores in the network?
1:10:15
Now, and it's funny, that we actually asked through some dialog with the, one of our group customers a couple of weeks ago to validate with the Atom pharmacy network team.
1:10:26
And, you know, home delivery solution, if there's been any challenges with the, the retailers', as far as, then removing themselves from network, right?
1:10:36
Because that happens, like we experienced, that almost did, with that with ESI here last year which was that potentially could have been very disruptive. So, they have never had to date a large chain of their networks. So that's fantastic news, right, for us. And they have, we have crossed very strict requirements around network management.
1:11:01
That requires advanced notification in the event that, that's going to happen, or some small, local, regional changes to the network, for whatever reason. That that gives us plenty of opportunity to communicate to you. Communicate to the members. And get that number directed to an alternate pharmacy that is in network. So that was one of the things, the contracting team did, a very nice job at Blue Cross of ensuring that as part of our arrangement.
1:11:27
That's fantastic news.
1:11:30
So, Lisa pointed out, when we were talking about, you know, expected cost savings for the members, they said, well, really, if we're having a 30% higher discount on brand, that really would trickle down to their co-insurance, right, that they would Sally Baloch. Right.
1:11:48
Yeah. So yeah, looking at flat co-pay arrangements.
1:11:52
Good effect, you are spot on, Lisa.
1:11:56
So that really would be savings to the member, so Also, Let's, we're going to keep going here.
1:12:06
So The question regarding eligibility, So there's really a lot of concern around these prior us. So they want to make sure that the prior OS is all that's already on file.
1:12:20
Right? We'll transfer. And I think the answer is Yes. Yes. Yes. Yes, that will. Yeah.
1:12:29
There, that will transfer and there will not be any requirement from the member or the or the provider or the provider.
1:12:37
Now I did get some questions and about the ID cards. There's some great questions.
1:12:43
So you asked if your company logo would still be on the card. I'm going to say yes.
1:12:49
I will confirm that if I am wrong, we will make sure that we, we send out some information.
1:12:55
But if your card is already customized and you have your company logo on the card, I would say that will continue.
1:13:04
But I will verify my answer with our plastic card services team to make sure that I'm 100% correct.
1:13:15
But I do think that we have space to keep your logos on the cards for those companies that have that.
1:13:22
Now, I'm getting some questions in about the transparency and new cards.
1:13:28
And we do agree that this is where some of the work needs to be done. So Anita pointed out that their benefit plan year begins, 9, 1, and they've just finished their open enrollment.
1:13:41

So those people that receive those cards, did it include the C language?
1:13:48
I am assuming it did not meet up, but I will go back, and I will double check that for you.
1:13:56
And if that is true, that it did not, then next year, if you have our pharmacy, you will get new cards.
1:14:05
If you do not, then next year sometime in 20 22, you would get new Cards again.
1:14:13
With this updated C A, you know, to meet the CAA requirements, but I will double check for you, and we will get you an e-mail and an answer back for that. Yeah, that's my entity to Michelle.
1:14:26
This, as you explained, that is X Exactly how I understand how it will happen as well, OK?
1:14:33
So here's the question, They're saying it, all really confusing, and we agree.
1:14:39
We're trying to make this as least confusing as we possibly can, but it's saying So it looks like Blue Cross is changing their preferred drug providers to opt on from Walgreens. Is that true, Kim?
1:14:55
That is not true. So, sorry for that confusion. First, we are staying with Walgreens. Is our preferred specialty pharmacy provider? Again, they do a great job. We don't have any complaints.
1:15:07
They've improved their discounts that are improving the reporting that we can provide to you as if your customer, if you have exclusive specialty pharmacy benefits.
1:15:15
They've been a good partner. So, they gave us no reason to walkaway, again, improving the discounts that you guys have all sort of benefiting from in April already.
1:15:24
So, know that the retail arrangement stays constant, right. So anyone, both the Walgreens and CVS obviously are in our retail network, so that's not going to change either.
1:15:34
So, no changes in our partnership with Walgreens from specialty or retail, right?
1:15:39
So, specialty, retail is Walgreens, everything else up to lorax?
1:15:48
So, just remember, Optum manages the retail network so, that doesn't mean you're pharmacies or change. It just means who's managing the contract terms of that network, have changed.
1:15:57
So, most of the pharmacies like I think we had 68,000 pharmacies nationally in the after network, which is a slightly larger number than we had in the national network with EFI.
1:16:08
So, like we pointed out earlier, Michelle, right, the, the disruption wave one analysis was completed just this morning.
1:16:17
It felt very, very few pharmacies that are serving our members have not already opted in, So outreach will continue, Right, Encouraged pharmacies to join the optimum network, and advantage customers will start getting that communication here in the next month, or so, So you guys can help encourage them, as well, before January first.
1:16:37
So also it says it appears that Blue Cross, is doing a stricture review of prescriptions written.
1:16:44
I don't know if that's true, but Kim, I'll let you answer that, and then did this initiative start because of legislation?
1:16:51
So I think there's, are we becoming stricter around the prescriptions written.
1:16:59
Interesting question, so I would say, no, I think the challenge is that we've just not been very good at talking about it.
1:17:07

I'll say, you know, when I joined Blue Cross three years ago, that was the first observation, we got really strong clinicians. We've gotten very intelligent, knowledgeable people making decisions on what the appropriate, from a pharmacy benefit perspective? Clinically speaking. We're not very good about talking about it. So, I think, what has changed is just a spotlight in that great work at that team does. And, again, the spotlight being, we're looking at clinical outcomes. We're looking at efficacy.
1:17:34
We're looking at negative side effects that the member might experience and balancing all that out, say, what's going to be best for our members, and then saying, OK, from a financial standpoint, what's going to work better from a low net cost perspective? So, the strategy has not changed. Hopefully, the fact that you're asking That question Is validation that they were doing a better job of telling you the work that we're doing for you, but, again, you don't pay for right. We're not charging you for this work as part of the package when you come to Blue Cross Blue Shield of Michigan.
1:18:05
And I think that some of those questions may be coming just because of opioids, and I can tell everybody on this call, the opioid problem did not go away.
1:18:15
So I think there's some people, because of covert. They felt like out of sight out of mind because we're not hearing a lot about opioids, because we're hearing everything about covert about code I can tell you, as a clinician, if anything that has escalated, our mental health issues, has escalated behind, the scenes are opioid problem.
1:18:36
The problem with opioids is that from a pharmacy perspective, we have put a lot of things into play.
1:18:44
To decrease and minimize the risk of becoming addicted to opioids. And we did that through quantity limits.
1:18:55
Let's be honest, People used to get a hip replacement and they would get 30 darga set, right? And they would get a refill. That's not happening anymore and it should, because that is where people became addicted.
1:19:08
Then people played the game where they would increase the dosage of some of their opioids, not as many pills, but increase the dosage, and that would cause problems as well.
1:19:18
So we have done a lot to close the loopholes around opioid misuse, could we say or abuse and in the provider community, they're doing a lot of that as well because it all starts with the physician that is ordering those medications including dental.
1:19:41
But what happens is many people become addicted and that's when they turn, once they can't get the scripts anymore and can't get their drugs, are turning to street drugs. And when they turn street, drugs is where a lot of the overdoses and deaths are occurring.
1:19:57
So we are really, really engaged in trying to minimize that pathway to addiction.
1:20:05
Kim, I don't know if you want to add anything to that?
1:20:07
But just definitely, opioids are definitely some things that we are all very conscious about.
1:20:16
Yeah, given access, when appropriate, of course, right, we don't ever want to restrict access when someone needs it.
1:20:24
But, you know, free access to opioids. narcotic should not happen anymore to Michelle's point. I think the problem, you know, definitely escalated with coven who were at home, where people are having behavioral health challenges more. Than we had ever before.
1:20:40
Because our whole world turned upside down globally, right? So, the focus and hopefully definitely are opioid misuse, definitely did not go away. And I think there's a lot of work with China. You're really passionate. We can take on to another conversation.
1:20:54
A different webinar around work being done from behavioral, behavioral health standpoint as well.

1:21:00
That kind of piggybacks on the opaqueness use topic. So math, good job.
1:21:05
Huge increases and anxiety and depression, I mean and the medications and the prescriptions so it's very important.
1:21:13
Also, um, so here's another question, will the pharmacy benefits be transmitted in real-time via the membership eligibility system or will it continue to be batch uploaded between Blue Cross and opt them.
1:21:30
That's a great question.
1:21:32
Yeah, it's real time. Sorry, claims practice real time.
1:21:35
So we have real-time access to all claims, so at any moment in time, we have everybody in pharmacy services can access the tool today, and they're going to access the tool, starting in January. Everyone's getting training here in a couple of weeks on accessing that real-time information, and opt in.
1:21:54
So, we have real-time access Declaimed now.
1:21:58
Fabulous, Thank you.
1:22:00
So, will the agents have this information for our groups? I can answer that one. Yes, We want to make sure all of the agents who represent our groups in your groups have the information we're providing today. We want to make sure that this information is meeting your needs.
1:22:20
If you feel that you need another group facing webinar, later in the year, we're more than willing to do that. We want to make sure that we're getting this information to you and answering your questions.
1:22:33
So, will a page summary of what is to one page summary? So, this is a great question and we'll take it from you, Marianne.
1:22:41
We will meet your question and your request will a one page summary of what is changing and why be created? Because that would be very helpful. So, Mary, we will take that, and we will work on that.
1:22:55
Absolutely.
1:22:57
Um, the tool kit, is it just for employers, or for agents as well? Well, what Kim was talking about, all the communication, we, that will be for both.
1:23:08
We definitely will provide that to all of everybody that needs this information. We will provide that.
1:23:17
So can members obtain home delivery by asking their PCP to E prescribe, oh, we already asked that question about the E prescribing.
1:23:29
So we're going to come back and get that question answered.
1:23:34
So there is no disruption for prior us. We've gone through that question.
1:23:39
So let's, sorry guys.
1:23:43
I'm trying to get through this, so we mentioned that all active prescriptions will be transferred.
1:23:51
So there's nothing that the member needs to do, and I think that really is a concern for many of you.
1:23:57
We have said, nothing for the member to do. We are going to take care of that.

1:24:03
Yeah, let me kind of numbers out just to kinda clarify in case anyone didn't hear it earlier.
1:24:07
Credit card information does not transfer, right For the prescription, active prescription transfers, legally, right, we're gonna have a file from EFI, the transfer, active prescriptions to opt in.
1:24:18
The member will have to obviously upload their or provide their payment information, however they're going to pay their member out of pocket responsibilities and then also for prescriptions that expire in December, you know, we do need to work with the prescriber and get the prescriber to write a new prescription that would happen, whether we were changing home delivery providers or not, right? That the normal thing that has to happen at the end of every year, right. For prescriptions or whenever those happen, prescriber has to write for new prescriptions. So that is something where, you know, a member will want to be communicating with their prescriber.
1:24:55
Very good. Sorry, I had to jump in to make sure that was clear.
1:24:59
Nope, that's perfect.
1:25:02
Just going through.
1:25:05
Some of the additional questions that are coming in that are around the pillar R X that we answered, and OK, we have a question about how does the recent announcement about partnership play into this timeline is separate from what you've discussed.
1:25:27
Wow. Excellent. Thank you for paying attention to What's going on at Blue Cross. Yes. That's an exciting new endeavor that we are part of along with a handful of other Blues Plans in partnership that has nothing to do with the PBM change. We don't want to be a PBM. We're not trying to replicate anything that's in the market today. The whole partnership or the whole development of FAO, is to share ideas and look for opportunities to be innovative and what solutions are provided to the market. So not replicating anything that's out there today. They're not replacing opt for the other plans that work with other PBNs is not a replacement. It's not a PBM. It's actually an organization created to spur innovation and get great minds coming together to look for where are there gaps?
1:26:17
In the clinical programs in the market today? In what can be done creatively to solve those gaps? So, we'll have to watch FAO very closely to see what kind of exciting things come out of that organization.
1:26:28
But thanks for paying attention. Absolutely, I'm gonna do one more question. So, this is a great question.
1:26:35
It's, what is the source of data source of the drug recording data, Do physicians report back on every patient for whom they prescribe, prescribe a medication, and how accurate is this data? Great question.
1:26:51
Yeah, it is a good question, because that's, again, these opportunities for improvement with technology, is getting access to the members outcomes, because that information is definitely not shared real-time. If I even shared outside of real time. So, there's huge opportunities from a technological standpoint to improve use of an EMR and electronic health record. Right? So, that that information when a prescriber is documenting, you know, outcomes or change the conditions for a patient that, you know, we get access to the information. So lots of opportunities. Some of the work that we're doing, I talked about, some of the programs, initiatives, pilot projects, on our roadmap, are starting to address, you know, the gaps in care that are there because of lack of sharing of information. So you touch them like I think a great opportunity for improvements for healthcare.
1:27:41
No, from a global standpoint.
1:27:44
So hopefully we're going to start fixing some of that here in 20 22 with some of the new initiatives we're rolling out, but definitely something that has lots of opportunity for improvement.
1:27:54
Wonderful. So I wanted to thank everybody for being very engaged in this conversation. Some people would think that

PBM transition is boring, but it's a very, It's exciting. There's new things coming with this PBM transition that I think will actually transform care and enhance care. We want to make sure that we are keeping you all in the loop. If it does appear from some of the feedback that you would love to have another webinar. So, I thank everybody for your engagement this afternoon for giving us your hour and a half during your lunch hour, Appreciate the participation, and we will come back again to provide more updates as we move closer to 1 1.

1:28:38

So, thank you, everybody, and thank you, Kim, for the great information. And we will see everybody again, And have a great afternoon. Thanks so much, everybody. Take care.