# Rethinking How We Mitigate HIGH-COST CLAIMS

**The Problem:** Few (if any) employers have the size, resources or focus to address rapidly escalating high-cost claims. *Since 2016, the number of health plan members with claims <u>\$3M+ has doubled</u>, heightening sustainability concerns. Elimination of annual and lifetime maximums through the Affordable Care Act and the dysfunction of the reinsurance market has made this a top priority for every employer, purchaser and market.* 

#### **High-Cost Claims Defined:**

- Unpredictable/infrequent for individual employers
- Claims costing \$50,000 or more per year
- Cost outliers that are frequently lasered (i.e., stoploss insurance covers only the first year of claims, then will cover everything except that claim)
- Often for severe, debilitating disease conditions



## **Be Proactive, not Reactive**

## Specific Saving Strategies for High-Cost Medical Drugs Learn more: <u>Achieving Accountability & Predictibility on the Medical Side of Drug Benefits</u>

### **CLINICAL RIGOR**

- Separation of dispensing/rebates from clinical functions
- Independent, expert clinical management
- Cost-effective step therapy, when appropriate
- Elimination of waste
- Same level of clinical rigor applied to to specialty drugs on medical side
- Longer term increased specialization

### **Contracting Strategies**

- Deconflict PBM and medical carrier relationships (fiduciary compliant)
- Reduced/fixed markups for provider buy/bill drugs
- Outcomes-based drug pricing
- Specialty generics filled in retail, not at specialty pharmacy
- Payment amortization (pay-over-time)
- Hospital at home/telehealth
- Narrow networks
- More timely and transparent reporting
- Bill review/negotiation
- Longer term population-based hybrid contracts

### **COST-EFFECTIVE SOURCING**

- Better align co-pay and patient assistance programs
- Unrestricted, competitive dispensing options and sources
- Site-of-care optimization for provideradministered drugs

**Plan Design Strategies** 

Quantity limits

Specialty carve out

Step therapy

high-cost drugs

 Longer term – collective management & stewardship

• All drug management under the pharmacy benefit

Dose rounding protocols (for injectables)

More rigorous utilization management for

• PA/pre-certification functions

Preferred drug lists/formularies

Exclusions/coverage limitations

Aligned financial incentives with plan participants

(e.g., spouse employer, Medicaid or Medicare)

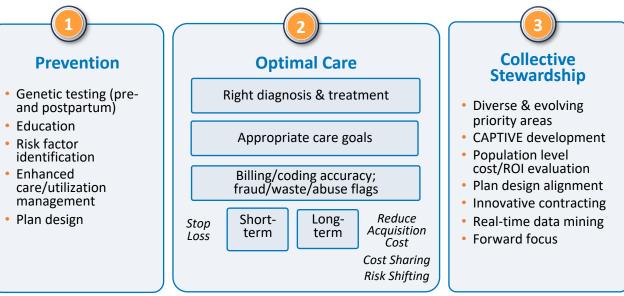
appropriateness and reduce impact of middlemen

Leverage secondary coverage when available

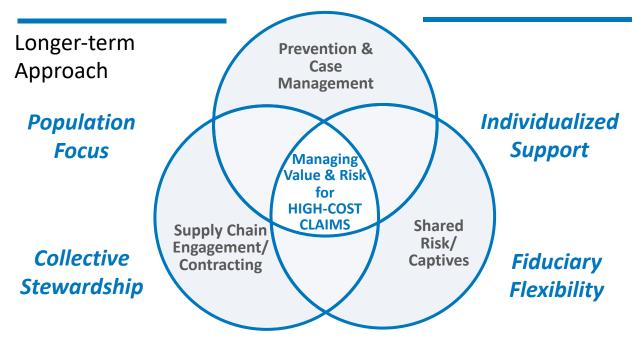
Longer term - Steerage to improve quality,

## Integrate Core Pillars of Overall Risk and Cost Reduction

There is no one-size-fits-all approach to tackle the broad spectrum of high-cost claims; a combination of options is needed for each case



#### CONTINUOUSLY REEXAMINE PATIENT EDUCATION, INVOLVEMENT AND ACCOUNTABILITY TO ENSURE SUSTAINABLE PATIENT ENGAGEMENT



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