



Shawn Stowe <stowesh@tcapsstudent.net>

RE: Priority Health

1 message

kelly.sandy@priorityhealth.com <kelly.sandy@priorityhealth.com>
To: stowesh@tcaps.net, fergusonli@tcaps.net

Fri, Mar 3, 2017 at 2:32 PM

Shawn and Lisa, enclosed are the options your requested below along with some additional ones I thought might be of interest.

Thanks and let me know if you have any questions!

Kelly Sandy

Account Service Manager, Client Service

231.932.7946 (o)

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From: Stowe, Shawn [mailto:stowesh@tcaps.net]
Sent: Tuesday, February 28, 2017 2:50 PM
To: Sandy, Kelly; Ferguson, Lisa
Subject: RE: Priority Health

Thanks, see below:

- POS 100/80% no deductible received a 13.77% increase-Add 250/500 (or whatever is close 300/600, etc)
- POS 80/60% 1/2k deductible received a 15.68% increase-nothing for now
- POS 100/80% 100/200 deductible received a 13.97% increase-Ded to 500/1000-possibel Rx move from 10/20
- POS 80/60% 250/500 deductible received a 13.66% increase-Ded to 500/1000

- POS 100/70% 100/300 deductible received a 13.69% increase-*Ded to 500/1000, possible Rx update from tier*

Please forward current Rx options with PH. We would may look at those as well as above. Thanks.

S

From: kelly.sandy@priorityhealth.com [<mailto:kelly.sandy@priorityhealth.com>]
Sent: Tuesday, February 28, 2017 2:36 PM
To: Stowe, Shawn; Ferguson, Lisa
Subject: RE: Priority Health

We don't have quote sheets anymore but I would be happy to quote whatever you would like to see. If you give me an idea for each plan what you would like to see I can quote some alt options for you to review.

Kelly S.

From: Stowe, Shawn [<mailto:stowesh@tcaps.net>]
Sent: Tuesday, February 28, 2017 11:50 AM
To: Sandy, Kelly; Ferguson, Lisa
Subject: RE: Priority Health

We'll stay in touch. I was serious about changes, likely coming. Those deductibles (and other attributes) are unusually low and need to be updated to align more appropriately with current external group plans. Are we still forbidden from receiving quoting sheets?? ;-)

If so, I'd like to place my first order.....

Thanks.

Shawn

From: kelly.sandy@priorityhealth.com [<mailto:kelly.sandy@priorityhealth.com>]
Sent: Tuesday, February 28, 2017 11:46 AM
To: Stowe, Shawn; Ferguson, Lisa
Subject: RE: Priority Health

I can still come down and let you know it person.....but seriously if we need to setup a time to meet to go over the information let me know. We can get something setup this week or early next week.

Kelly S.

From: Stowe, Shawn [<mailto:stowesh@tcaps.net>]
Sent: Tuesday, February 28, 2017 11:44 AM
To: Sandy, Kelly; Ferguson, Lisa
Subject: RE: Priority Health

What?! You didn't want to tell us this in person?! Yikes.....thanks for the info, plan for changes, stay tuned. ;-)

Shawn

From: kelly.sandy@priorityhealth.com [<mailto:kelly.sandy@priorityhealth.com>]
Sent: Tuesday, February 28, 2017 11:39 AM
To: Ferguson, Lisa
Cc: Stowe, Shawn
Subject: Priority Health

Shawn and Lisa, enclosed is the 2017 renewal for Traverse Area Public Schools' group health insurance plan. Please let me know if you have any questions or would like to meet in person and go over the renewal.

TCAPS is receiving a blended 14% increase. Below is a breakdown of each plan design. The renewal rates are Adjusted Community Rated (coupling the group's experience with the community rate). For the experience factor, we look at the past 24 months of claims data, putting heavier weight on the most recent 12 months. I have attached the ACR Summary sheet for your review. There was an increase in utilization over the past 12 months which impacted the renewal. You had 2 mid-cost and 2 high-cost claimant in period 1 and 4 mid-cost and 3 high-cost claimant in Period 2. I did want to let you know we did back out one of the high claimants as the member is no longer active on the plan. The community factor includes, medical/RX trend, demographic changes, age banding, gender, industry, etc. Trend is 8%(5.8% medical and 16% RX). There were changes in enrollment along with changes in age and gender. **For 2017, we are including the taxes and fees in the billed rate so you will see a line item on the rate exhibits showing the billed rate.*

- POS 100/80% no deductible received a *13.77% increase*
- POS 80/60% 1/2k deductible received a *15.68% increase*
- POS 100/80% 100/200 deductible received a *13.97% increase*
- POS 80/60% 250/500 deductible received a *13.66% increase*
- POS 100/70% 100/300 deductible received a *13.69% increase*

There are four plans currently Grandfathered under HCR. *If changes are made in a plan design or employee contribution schedules that make a plan no longer Grandfathered under Health Care Reform, please note that the*

*appropriate riders will have to be added to the plan which does increase cost of the plan. *friendly reminder- It is the group's responsibility to inform Priority Health whether the plans will continue to be grandfathered or not.*

The attachment labeled "Employer Group Deductible for Active Groups by Plan Year" helps demonstrate how much of the deductible members have used which may assist in benefit design planning for the renewal. This report is provided once per year at the time of renewal. **24% of the employees on the POS 100/70 100/300 deductible, 70% of the employees on the POS 100/80 100/200 deductible, 22% of the employees on the POS 80/60 1000/2000 deductible and 35% of the employees on the POS 80/60 250/500 deductible have met their deductible.*

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Fully Funded Options: There were no alternative medical options listed on their pre-renewal letter. Please allow 3-5 business days for fully funded alternative options once your request has been submitted to Priority Health. **Usage at the Alternate Benefit level was less than 1%.*

Two plans – two distinct differences rule? If changes are made, please remember to ensure two distinct differences between the two plan designs offered in the areas of: coinsurance, deductible, OV copay, and Rx copay.

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2017 Updates from Priority Health:

True Out of Pocket Minimum: For 2017, as groups renew, we will be increasing the minimum to coincide with the 2017 CMS minimum requirement of: \$7,150/14,300 for fully-funded non-HSA products.

Mental Health follow up Care-Waiving the member's cost for three outpatient follow-up visits within 90 days of discharge from an inpatient psychiatric facility.

Behavioral Health Residential Treatment- Will be covered under the Skilled Nursing benefit and subject to the 45 day skilled nursing benefit limit.

Gender Reassignment Surgery- Beginning in 2017, our plans will include coverage for the treatment of gender dysphoria, which is defined as a condition in which "people whose gender at birth is contrary to the one to which they identify". This treatment may include gender reassignment surgery along with pre-and-post hormone therapy when medically/clinically necessary. Any procedure or treatment this is not medically/clinically necessary or is considered cosmetic, experimental or investigational is not covered. *Non-discrimination regulations released by the Department of Health and Human Services prohibit exclusion of these benefits.

Preventive Care Colonoscopy-Colonoscopy prep prescription and pathology of polyps removed during *preventive colonoscopies* and now covered. Both were previously subject to cost share.

PriorityRewards- We are expanding our rewardable procedure list to include the following: anterior cruciate ligament knee surgery (ACL); carpal tunnel surgery; lap band surgery; nasal septum repair and nose plastic surgery (Rhinoplasty).

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In addition, we've added two new riders that can be purchased by employers:

NEW PriorityCares Diabetes prevention and management rider: For 1/1/17 Priority Health is offering a rider that incents employees with diabetes and pre-diabetes to manager their condition as part of our commitment to better address chronic disease. Employees who self-identify or who are identified as having diabetes or pre-diabetes based on claim activity or other indicators are enrolled in the program. Anyone who doesn't want to participate can opt out. The program is participation and outcomes-based, because we know that when people are engaged in their care, they play a more active role in their health.

Engagement-based incentives for employees have five opportunities to earn up to \$320 every year:

- Complete an online health assessment: \$50
- Visit their doctor and watch an educational video: \$50
- Maintain a healthy blood pressure: \$50
- Maintain a healthy weight: \$50
- Be active: Up to \$120

In addition, employees have access to these tools and services at no cost.

- Diabetes visit as part of an annual check-up
- A1c tests
- Diabetes education
- Blood sugar meter

NEW PriorityCares Weight-loss rider: For 1/1/17 Priority Health is offering a rider to cover selected weight loss drugs to their pharmacy benefit plan as part of our commitment to better address chronic disease.

To obtain these medications, patients must:

- Be 18 years or older
- Receive a prescription from their physician- No prior authorization required.
- Be responsible for cost-sharing- the drugs are covered before deductible on all plans, except PriorityHSA, where members must meet their deductible first.
- Participate in Step Therapy for brand name drugs. Step Therapy is the practice of beginning drug therapy with the most cost-effective(generic) and safest drug and progress to other more costly(brand) or alternative drugs, only if necessary.

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HSA Preventive Rider : Priority Health offers an HSA preventive drug rider on our 2 and 3-tier Rx products, to complement the 5-tier preventive drug rider that was introduced earlier this year. These riders help make care more affordable and ensure people stay healthy. Our preventive drug riders help remove cost barriers by offering a number of generic and brand-name drugs to members before they meet their deductible (copayments do apply).

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Breast MRI Rider: we are offering a new rider that covers Breast MRI at 100%. The rider would allow coverage at 100% *after deductible* for the following CPT codes:

- 77058 – MRI of breast, without and/or with contrast material(s); unilateral
- 77059 – MRI of breast, without and/or with contrast material(s); bilateral

PSA Test Rider: we will be offering a rider to cover PSA testing at 100%. The rider would allow coverage at 100% *after deductible on HDHP plans* for the following CPT codes:

- 84152 – Prostate Specific Antigen (PSA); Complexed (Direct measurement)
- 84153 – Prostate Specific Antigen (PSA): total
- 84154 – Prostate Specific Antigen (PSA): free

Exercise Rewards Rider

We are partnering with American Specialty Health (ASH) to offer a unique program that offers commercial members and their dependents (18+):

- Discounts at gyms within the ASH network
- An opportunity to earn up to \$120/year just for being active

This is a low cost way for employers to improve the value of their business with healthy, productive employees who miss less work due to poor health. More than 75% of Michigan's health care dollars are spent treating people who are overweight or obese or who have high blood pressure, high cholesterol, asthma, depression, neck/back/leg pain, cancer and diabetes, to name a few. Exercise is known to help people manage their weight, control or reverse health conditions, improve mood, boost energy, promote better sleep and improve productivity.

Employees simply:

- Use a Fitbit or dozens of other wearable fitness devices to track activity
- Exercise at one of the fitness facilities across the country
- Self-report activity directly to ASH

Friendly Reminders

Medication Therapy Management (MTM) - Chronic conditions are one of the leading contributors to rising health care costs for employers and their employees. That's why PH has expanded our MTM program to our commercial group population. MTM is designed to help members taking four or more medications for chronic conditions understand their drugs and maximize their results while controlling out-of-pocket costs.

For members dealing with multiple chronic conditions, an annual medication review is just as important as a yearly physical. Qualified members receive a free 30-minute face-to-face visit with a pharmacist to review their medications and simplify their regimen, keeping them healthy, productive and on the job.

AssistAmerica – as a reminder, AssistAmerica provides emergency assistance to all PH commercial members. AssistAmerica coordinates and provides pre-trip assistance, medical monitoring, compassionate visits, evacuations and the return of mortal remains for members who are 100 miles away from home, for less than 90 days. Any service they coordinate, they also cover. Medical/Rx benefits are still covered under PH policies, but anything related to the transportation/coordination is covered by AssistAmerica – such as air ambulances and physician escorts. As a PH member with AssistAmerica coverage, employers and individual members can purchase additional expatriate coverage when traveling for more than 90 days.

PriorityRewards – effective 7/1/15. PriorityRewards is an innovative solution that engages members in their care by:

- Giving them access to the cost and quality of their care
- Rewarding them for decisions they make to receive care at lower-cost facilities

Effective 7/1/15 all individual and fully-funded group members will be enrolled in PriorityRewards. Members earn financial rewards (between \$50-\$200) when they get engaged in their health care. Members are required to use the cost Estimator to shop, review educational information and receive care at a high-quality, “fair market price” facility to earn the reward. Members who shop and learn, but receive care at a non-rewardable (higher priced) facility will receive a \$5 reward and a reminder about “ fair market price” facility.

**A report was run to see how many members received a financial reward from July 2016 through December 2016 and three members from this group received a financial reward. There were seventeen members who could have earned a reward but did not go online to the cost estimator to shop before having their procedure and there were eight members who went to a above fair market priced facility.*

Renewal timeline:

*A renewal decision is needed a minimum of 45 days in advance of June 1st 2017. Once a plan design decision has been made, we will provide a benefit summary that is rather easy to read (compared to the actual SBC). The SBC production takes a minimum 14 business days to produce and be approved by our legal department. Therefore a renewal decision to us is needed, at minimum, 14 business days prior to the beginning of your open enrollment period, open enrollment meetings, etc. (longer if items are needed to be shipped or if you are placing them in a benefits booklet that needs lead time, etc.) if you wish to have them for the meetings. *The benefit summary and open enrollment packets take 5 business days to produce (this does not include shipping time) so please give us sufficient notice when requesting packets or benefit summary.**

Thanks and let me know if you have any questions!

Kelly Sandy

Account Service Manager, Client Service

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 **Alt Options.pdf**
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