

Beneficiary and Pharmacy Outreach: Lessons Learned in Part D



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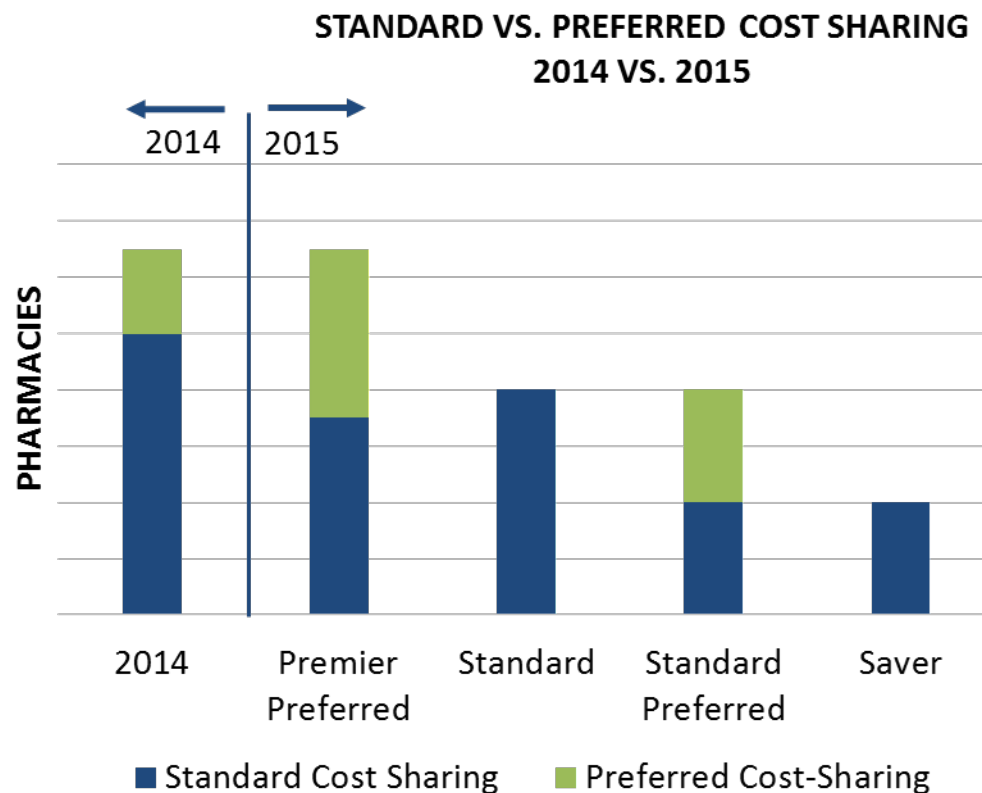
Agenda

- Aetna's Part D Pharmacy Networks in 2015
- Pharmacy and Beneficiary Communication and Outreach
- Lessons Learned

Aetna's Part D Pharmacy Networks in 2015

Aetna Developed A Different Network Strategy For 2015

- Combined Aetna and Coventry pharmacy networks and increased number of pharmacies with preferred status
- Changes resulted in 19% premium reduction for nearly all PDP members vs. 2014



Aetna Acted to Prepare Stakeholders for 2015 Network Changes

ANOC: Annual Notice of Change EOC: Evidence of Coverage

- **Part D Members**
 - In addition to ANOC/EOC, sent letter highlighting network changes
 - Placed targeted phone calls, both live and automated
- **Pharmacies**
 - Informed PSAOs of new networks and encouraged them to educate members
- **Administration and Congress**
 - Met with CMS, prior to Medicare open enrollment, to explain the member outreach and roll-out process for network changes
 - Informed federal and state legislators of network changes and communication plan

Aetna estimated that around 224K out of its 2.3M Part D members would have to transition to a new pharmacy, while 247K members' home pharmacies would transition from preferred to base-level cost-sharing

Some Members and Pharmacies Had Difficulty Understanding Changes

Part D Members

- New pharmacy networks and changes to status of home pharmacies confused some members
- Pharmacy confusion led to member confusion and many complaints to CMS
- Separate from the pharmacy network changes, a subset of pharmacies were displayed incorrectly on Plan Finder and on the Aetna website

Pharmacies

- Pharmacy networks, including multiple preferred networks, caused confusion
- Pharmacies were not clear which plans they were in network for and which members they could serve
- Some pharmacies contacted CMS directly

Aetna Responded to Concerns Ensuring Members Received Needed Medications

1) Informed pharmacies which plans they were in

2) Immediately ensured access to medications by covering the costs for drugs at point-of-sale

3) Granted members temporary access to Aetna's broadest pharmacy network

- CMS also allowed all members a one-time special enrollment period (SEP) to switch to a different Part D plan

Pharmacy and Beneficiary Communication and Outreach

Aetna Engaged in Multi-Pronged Outreach Plan to Address Concerns

Pharmacy Contracting

Member and Pharmacy Communication

Customer Service Training

Aetna Developed a Comprehensive Outreach Strategy to Inform and Assist Members

Beneficiary & Pharmacy Communication

Outbound Calls

- Called members who used a pharmacy in the temporarily expanded network

Postcards

- Mailed postcards to members who were unreachable by phone

Emails

- Emailed members who were registered with Aetna's online web tool

Website Updates

- Updated website on newly added pharmacies and included additional contact information

Specialized Teams

- Special teams to contact homebound/rural members and those with out-of-network claims issues

The Multipronged Approach Was Designed to Reduce Member Confusion

Beneficiary & Pharmacy Communication

- Outbound call campaigns typically reached about 30% of members after three attempts
- Postcards reached the majority of the remaining 70% of members
- Significantly fewer members using the special enrollment period and gap network and scripts
- Fewer complaints and grievances to CMS

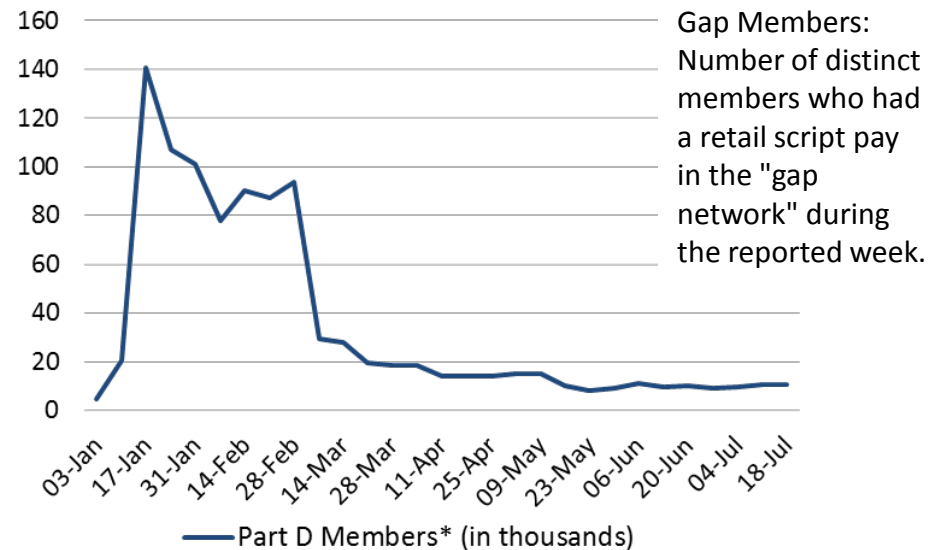
Aetna's Approach Led to Reduced Number of Members Using SEP and Gap Network

Beneficiary & Pharmacy Communication

Members Utilizing Special Enrollment Periods (SEP), January - July 2015



Gap Network Scripts, January - July 2015

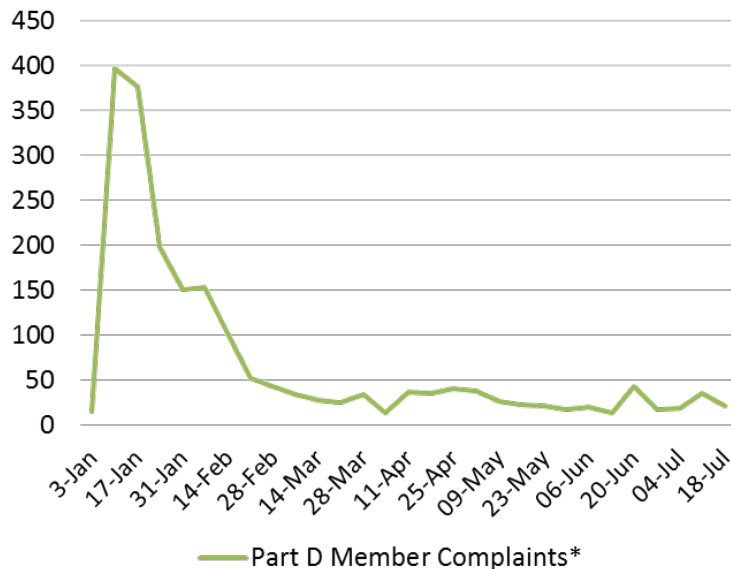


*Excludes Coventry members whose Part D networks will remain expanded for all of 2015

Customer Service Training and Intensive Outreach Resulted in Decreased Complaints

Customer Service Training

Number of Complaints Received From
January to July 2015



Number of Grievances Received from
January to July 2015



*Excludes Coventry members whose Part D networks will remain expanded for all of 2015

Aetna Also Conducted Targeted Outreach to Pharmacies and Other Constituents

Beneficiary & Pharmacy Communication

Pharmacy Outreach:

- Contacted pharmacies with high number of complaints and that served members using SEP
- Communicated with State Pharmacy Associations
- Engaged the National Community Pharmacist Association
- Phone calls proved most effective

Other Constituent Outreach:

- Faxed physicians
- Emailed brokers
- SHIP education regarding timelines, plans and membership
- Informed Congressional offices of changes, timelines, and the SEP available to constituents

SHIP: State Health Insurance Assistance Programs

Aetna Implemented Customer Service Training for Member and Pharmacy Contact Centers

Customer Service Training

Call Center Training

- Implemented training module on changes to the networks, how to guide members to a network pharmacy, and how to address member concerns

Call Monitoring

- Internal oversight team increased call monitoring to ensure representatives addressed concerns in accordance with guidelines and were sensitive to stakeholders' concerns

Contact centers represent an important touch point for members and pharmacies to ask questions about networks. These activities ensure that representatives are prepared to deliver accurate information to stakeholders.

Lessons Learned

Anticipate Downstream Effects of Plan Design and Network Changes

- While innovative 2015 Part D network configuration was generally consistent with CMS requirements, we underestimated the level of member and pharmacy outreach that was necessary to ensure a smooth transition
- Work with CMS to anticipate the potential risks associated with design changes and challenge your organization to consider all possible scenarios

Develop Contingency Plan For Immediate Implementation if Issues Arise

- While Aetna was responsive to member and pharmacy needs, additional contingency planning would have been beneficial
- As a result, Aetna now has a detailed and targeted contingency plan in place that can be activated within 24 hours after issues are identified
- Think ahead: have a good contingency plan in place

All Constituents Are Better Served by a Simpler Network Configuration

- Aetna's 2015 configuration of four pharmacy networks and two preferred tiers contributed to member and pharmacy confusion
- Members and pharmacies struggled to understand varying network configuration and whether or not home pharmacy was in-network
- Both members and pharmacy partners benefit from simpler network configurations

Direct Engagement with Independent Pharmacies is Essential

- Relying solely on purchasing organizations (PSAOs) to inform pharmacy network was insufficient
 - Direct engagement with PSAOs and their member pharmacies improves awareness and increases network size
- Independent pharmacies not represented by a PSAO pose logistical / resource challenges
 - While resource intensive, direct contracting efforts with independent pharmacies is a key component of contracting strategy
- Ensure your processes are streamlined and you are a good business partner

Effective Communication Necessitates Multiple Points of Outreach

Members

- Outreach should take multiple forms (mail, phone, and direct engagement)
- Effective communication with some cohorts can be challenging (i.e., LIS are harder to contact and influence)

Pharmacies

- Recognize strong, personal pharmacist-member relationship
- Engage early with pharmacies to discuss network participation
- Work proactively with pharmacy trade association to ensure open lines of communication to address concerns

Communicating with pharmacies proved highly effective in communicating with members. Pharmacies often have current phone numbers and face-to-face contact with members.

Customer Service Should Be Prepared and Proactive

- Customer service staff should be well informed and trained on changes to plan networks and impact on members
 - Staff should be prepared both to address members concerns that their chosen pharmacy is no longer in the network and guide members to a network pharmacy
 - Robust customer service can respond proactively to script rejections at non-participating pharmacies
 - During the start of the plan year and as members join each month, customer service can monitor medication script rejections and guide members to network pharmacy

Recognizing Lessons Learned, Aetna is Moving Toward a Simpler Network Approach for 2016

- Aetna recognized that our members and pharmacy partners are best served by more streamlined network configurations

In Addition, Improved Member & Pharmacy Outreach Will Increase Understanding

- Along with a simpler network configuration, Aetna is implementing a better and more targeted outreach for 2016:
 - Personalized letters to members explaining plan and network configuration, sent along with new pharmacy directory
 - Mentions home pharmacy by name
 - Easy-to-read post cards
 - Targeted phone calls and follow-up with members not reached by phone
 - Direct engagement with member pharmacies, PSAOs, and independent pharmacies via multiple touch points
 - Open lines of communication with pharmacy trade associations and other stakeholders (e.g., SHIP)
 - Member, pharmacy, and physician outreach to address Reject-40s

Incorporating Lessons Learned Throughout 2015 Into 2016

Activity	1/1/2015	1/1/2016
Member Communication		
Phone calls to members based on “risk” categorization	✓	✓
Oversized postcards to members not contacted via phone		✓
Member outreach for Reject-40s		✓
Pharmacy directory to members whose pharmacy will be OON		✓
Letter to members who were negatively impacted by pharmacy changes	✓	
Personalized letter to members whose pharmacy will be OON w/ 3 closest options		✓
Letter to members whose pharmacy will be Non-PRF w/ 3 closest options		✓
Directory notice		✓

Incorporating Lessons Learned Throughout 2015 Into 2016 (Cont.)

Activity	1/1/2015	1/1/2016
Pharmacy/Physician Communication		
Proactive pharmacy faxes		✓
Communication directly with PSAO affiliates		✓
One-page instructions for pharmacies on how to assist members at POS		✓
Pharmacy/Physician outreach for critical/urgent Reject-40s		✓
SHIP Outreach		✓
Other Activities		
Proactive entry of override for critical ¹ & urgent ² drugs		✓
Contingency plan to expand network w/i 24-hours		✓
Members whose pharmacy status changed INN → OON on 1/1	223.6k	14.3k
Members whose pharmacy status changed Pref → Non-Pref on 1/1	247.0k	320.0k