

THE FUTURE OF POSSIBLE COMING TOGETHER TO SOLVE OUR TOUGHEST CHALLENGES

2023 KEY TAKEAWAYS

DAY 1 - MONDAY, OCTOBER 2, 2023

The Future Is Now

Moderator

Bruce Japsen, Sr Contributor, *Forbes*

Panelists

Dr. Christine Gilroy, Chief Medical Officer, Express Scripts

David Twitchell, System VP, Chief Pharmacy Officer, Boston Medical Center Health System

Dr. John L. Colaizzi, Jr., VP, Pharmacy Practice, Walgreens

Overview

The industry is evolving to accommodate anticipated physician shortages. Panelists shared how industry experts are evolving their models to meet these challenges head on and improve members' access to care.

Key Takeaways

- Pharmacists' roles have expanded over time to include more direct patient care, such as diagnosing acute conditions, chronic condition monitoring, and, as we've seen with COVID-19, assisting with pandemic response through vaccination, testing and even prescribing medications.
- As the role of pharmacists continues to evolve, there will be a need for pharmacies to adapt to the changing health services landscape and work toward breaking down state regulatory barriers to potentially administer a large proportion of specialty and other drugs.
- Leveraging technology such as telehealth and tele-pharmacy supports improved operational efficiencies and frees up providers to focus on quality of care and service.
- Partnering with religious and community-based organizations is vital for reaching areas that have historically been more difficult to engage.

Next Steps

Express Scripts will continue to evaluate opportunities within our retail pharmacy partnerships to expand service offerings and build upon technological advancements to lessen pharmacist burden.

IF YOU REMEMBER NOTHING ELSE

For optimum engagement and use, pharmacies need to be a trusted voice for members.

DAY 1 - MONDAY, OCTOBER 2, 2023

Be the Disrupter

Speaker

Eric Palmer, President and CEO, Evernorth Health Services

Overview

Today's environment remains dynamic and continues to evolve rapidly. As we think about the future-forward mission, there is a need to consider the broader macro environment we're living in; the criticality of being a "disrupter," maintaining choice in regulated markets and the importance of partnering together to demonstrate value in managing costs and driving engagement.

Key Takeaways

- Our focus is to further connect and integrate our best-in-class solutions to reduce fragmentation and build upon customization to drive better overall health and improve member experience.
- Leverage data-driven insights that are fully integrated to support today's health plan needs, as well as predict future needs.
- Evernorth and health plans must partner together in meaningful ways to drive innovation, create value and deliver the best health outcomes.

Next Steps

- Be a partner in co-creating solutions, leveraging data-driven insights to build solutions that meet your plans' needs.
- Advocate together on key issues to navigate and influence today's regulatory environment, at both the state and federal levels.
- As drug manufacturers continue to introduce new pricing dynamics, stay closely aligned to ensure we continue to deliver the value we set to achieve.

IF YOU REMEMBER NOTHING ELSE

There's no limit in what we can accomplish together if we continue to strengthen the foundation of programs focused on quality and compliance.

DAY 2 - TUESDAY, OCTOBER 3, 2023

Examining the Regulatory and Policy Horizon

Moderator

Elena Butkus, VP, Global Public Policy, Evernorth Health Services

Panelists

John Brooks, Partner, South Capital

Andre McKechnie, Partner, Tiber Creek Group

Overview

A glimpse into the future regulatory and policy landscape, including challenges and opportunities facing the industry.

Key Takeaways

- The administration is not concerned enough about the negative impact that items such as Part D risk adjustment, the Medicare Prescription Payment Plan, the elimination of the catastrophic phase, the \$2K maximum-out-of-pocket, and Direct and Indirect Remuneration (DIR) will have which will lead to heavy administrative burden on health plans.
- There are some significant headwinds in the Medicare program; fewer plans will receive 4+ Star bonus payments as high Star Ratings continue to be more difficult to earn; CMS is stepping up risk adjustment enforcement activities and program audits.
- The Congressional Budget Office released some recent information questioning the amount of savings the Centers for Medicare & Medicaid innovation programs have delivered. This analysis may be flawed as it did not consider Accountable Care Organizations.
- Some politicians are questioning the ACA costs, challenging the 400% poverty level subsidies and continuing to extend the debate on repealing the ACA.
- There are still lingering issues for beneficiaries due to the Medicaid redetermination process.

Next Steps

Continue monitoring and communicating regulatory changes to assist in navigating the evolving environment, including the Inflation Reduction Act, which has immense administrative impact to health plans.

IF YOU REMEMBER NOTHING ELSE

There is a lot of uncertainty and instability in Congress, so be ready for regulatory changes that will have an impact on your business.

DAY 2 - TUESDAY, OCTOBER 3, 2023

The Drug Pipeline: The Future of Promising Therapies

Moderator

Ashley Holzworth-Nash, VP, Health Plan Account Management, Express Scripts

Panelists

Tony Grillo, VP, Supply Chain Analysis & Forecasting, Express Scripts

Chronis Manolis, SVP, Chief Pharmacy Officer, UPMC Health Plan

Jonathan Gibney, Biosimilars Customer Engagement, Boehringer Ingelheim

Overview

Get a look at emerging drugs, alternative payment models, potential impacts to plans, and actionable insights for managing members' therapies.

Key Takeaways

- The pace of change is unprecedented, with more than 20 patent expirations scheduled for specialty products over the next 4 to 5 years.
- There are two big opportunities to be a disrupter for expensive therapies such as orphan drugs/gene therapies:
 - Plans must take advantage of the pipeline of specialty generics and determine who the right patients are for these therapies.
 - Biosimilars can improve access to important medicines for patients, create greater competition, increase treatment options, and help lower costs to the health care system.
- Proactive planning is important to help prepare for future impacts.

Next Steps

Understand which drugs have biosimilar alternatives entering the market in the next several years, then educate providers and members about choosing the most effective drugs to help manage conditions and costs effectively.

IF YOU REMEMBER NOTHING ELSE

The upcoming patent cliff for specialty drugs will allow more biosimilar choices to treat costly diseases.

DAY 2 - TUESDAY, OCTOBER 3, 2023

Future of Value-Based Arrangements: A Coordinated Approach to Patient Care

Speaker

Tony Grillo, VP, Supply Chain Analysis & Forecasting, Express Scripts

Overview

Aligning on value-based needs to improve health outcomes and achieve higher quality.

Key Takeaways

- Value-based care is a patient-centric model that saves money while improving outcomes.
- Diabetes Care Value[®] program (DCV) for Medicare was successful in creating value for the patient, payer and pharma.
- Potential expansion opportunities for the DCV program with focus on abandonment outreach, new to therapy outreach, 90-day incentives and digital tool options.
- Prospective value-based arrangements in areas such as cardiovascular, oncology, inflammatory, pulmonary and rare conditions.
- Consider provider education to assist with encouraging patients to explore new therapies and line-of-business-agnostic opportunities.
- Understand patients are skeptical of new therapies so communication and education are key.

Next Steps

Evernorth is committed to leveraging our integrated approach to help facilitate further discussion regarding potential collaborative opportunities for value-based programs.

IF YOU REMEMBER NOTHING ELSE

There is a large appetite for value-based care programs to explore other diseases' states (inflammatory, oncology, cardiovascular), but there must be demonstrable value for pharma, plans and patients to succeed.

DAY 2 - TUESDAY, OCTOBER 3, 2023

Ever Better with Evernorth:

Enhancing PBM Services with Expanded Innovative Solutions

Moderator

Tim Harlan, VP, Account Management, Health Plan Division, Express Scripts

Speakers

Mark Wong, Sr Director, Pharmacy Care Solutions, Evernorth Health Services

Beth DiLeone, Director, Disruptive Solution Design Team, Evernorth Health Services

Overview

Explore how the Express Scripts connection to Evernorth provides more power for the health plan.

Key Takeaways

- Evernorth combines powerful health services capabilities and offerings to create innovative and effective solutions. An integrated model brings to bear the best-thought leadership, swiftest action and most holistic way to support plans in a complex market.
- Dynamic insight tools and conceptual pilot has revealed a new path to better understanding, addressing and influencing the behavioral drivers of the chronically non-adherent, for which traditional outreach has been consistently unsuccessful.
- Change the dialogue with difficult-to-engage and challenging populations by shifting away from adherence discussions to understanding underlying behavioral conditions and what is driving the behavior. Ask patients how they feel their medication is helping.
- Understand and reframe orthodoxies to determine how best to engage with disconnected populations.

Next Steps

Evernorth is continuing to expand strategic initiatives and experiment with new engagement strategies to address challenging populations and to aid in delivering whole-person care by:

- Identifying and reframing orthodoxies to drive change.
- Continuing to work with the regulated markets strategy team to expand outreach for difficult-to-engage demographics and develop a road map for success.

IF YOU REMEMBER NOTHING ELSE

Even with the latest analytics and technology, members can still fall through the cracks if they don't receive the support they need, or if what they need isn't enough to change their behavior. *In order to extract needles, you need a strong magnet.*

DAY 2 - TUESDAY, OCTOBER 3, 2023

Ready, Set, Grow: Maximize Growth in an Evolving Market

Moderator

Brittney Neu, Sr Director, Regulated Markets Growth, Express Scripts

Panelists

Rob Lourenco, VP, Client Services, Deft Research

Stephanie Schlomer, Sr Medicaid Growth Consultant, Express Scripts

Avreet Mortensen, Sr Exchange Growth Consultant, Express Scripts

Eric Hillman, Medicare Growth Director, Express Scripts

Overview

Gain insights on the evolving market, influences on member behaviors and how we can partner to help you achieve your plan's growth goals.

Key Takeaways

- Consider the member's perspective and voice when approaching individual markets and assessing growth.
- Show up as a partner to the consumer by engaging and supporting them, which generates loyalty.
- Understand different business segments and know the different age-in rates from other lines of business.
- Consider the growth rate of DSNP populations and how that can be incorporated into growth and expansion strategies.
- Consider member engagement and attracting members by leveraging community support and space; be prepared to meet and talk with members where they are.

Next Steps

Work with the health plan growth team to understand opportunities to support your expansion and growth strategy.

IF YOU REMEMBER NOTHING ELSE

Low-tenured members are at the greatest risk of switching plans. Health plans need to execute on tenured-focused retention through the pendulum of care.

DAY 2 - TUESDAY, OCTOBER 3, 2023

Networking for the Future: Preparing for What's Next in Pharmacy

Moderator

Jen Awsumb, VP, Network Strategy, Express Scripts

Panelists

Corinne Tullis, Sr Director, Network Strategy, Express Scripts

Mary Gilmore, Product Management Director, Supply Chain, Express Scripts

Cara Curry, Clinical Program Sr Manager, Supply Chain, Express Scripts

Overview

Pharmacy continues to be an integral part of the overall health care experience. Hear how health plans and members can benefit in the future.

Key Takeaways

- Consider your pharmacy networks for 2024 and beyond. Three new Medicare performance networks have been created for 2024.
- Consider capabilities offered through the new Quality and Disease State Management Program.
- Provide feedback to Express Scripts regarding patient populations and consider service/care delivery opportunities that can be addressed at the pharmacy level.

Next Steps

- Evernorth will continue evaluation and consider next steps regarding a partnership with a single national chain.
- Evaluate opportunities to incorporate other service types that could be performed at the pharmacy level, specifically around wellness and prevention and de-prescribing.

IF YOU REMEMBER NOTHING ELSE

Think pharmacy first, as we can bridge a multitude of gaps to assist members where they are, which will enable reimbursement of services for our pharmacists.

DAY 3 - WEDNESDAY, OCTOBER 4, 2023

Tomorrow's Technology Today

Speakers

Thomas Brascia, Director of Technology Strategy & Intelligence, Evernorth Health Services

Andy Fanning, VP, Business Transformation, Evernorth Health Services

Overview

Explore the various technological advancements designed to inform, support and drive efficiencies for health plans.

Key Takeaways

- Leverage available data and technology tools and resources with the Evernorth Control Center.
- Evernorth API is developed in-house and is proprietary, which fosters better direct partnering and issue resolution.
- Consider potential risks of advancing capabilities; keeping *humans* at the center of AI enablement is critical to monitor how the technology is used and operating.
- MDLIVE by Evernorth virtual physician care used AI to significantly reduce after-visit note time from 10 minutes to one minute, allowing providers to spend 50% more time with patients while cutting overall transaction time in half.

Next Steps

- Continue to evolve existing technology capabilities and create new tech tools for health plans to create a better experience and best serve their patient population.
- Partner with Express Scripts on current and future API capabilities; share feedback and collaborate on existing and/or new opportunities.

IF YOU REMEMBER NOTHING ELSE

Evernorth API capabilities are industry leading. We will continue to advance care provision and accessibility with a focus on reducing administrative burden through innovative tools and platforms. Client developers can work with Evernorth developers.

"Your friends go talk to my friends talk to me." – Taylor Swift

DAY 3 - WEDNESDAY, OCTOBER 4, 2023

Home Based Care: Meeting Polychronic Members Where They Are

Speaker

Yvette LeFebvre, Chief Medical Officer, Home-Based Care, Evernorth Health Services

Overview

With the rapid growth of the senior population, and challenges with limited access to timely care and health equity, there is more pressure on the health care system than ever before. In addition, the industry has had to adjust to an increase in medication needs and transitions to Medicare and Medicaid. To accommodate the shifting landscape, care models have had to shift as well. This session explored the evolving needs and complexities of this older generation and innovative ways health plans and providers can deliver quality outcomes.

Key Takeaways

- By 2030, there will be 83.4 million polychronic patients in the United States, plus rapid increases in age-in Medicare population and number of people living with multiple conditions.
- Evernorth home-based care can help Medicaid lines of business as well.
- To best support polychronic members, we must shift away from silo'd care toward a more holistic view – a true interdisciplinary care team.
- Value-based care model – move away from fee-for-service model and paying for volume; spending more time with patients helps with buy-in for care model, which is likely to improve provider satisfaction.
- Health plans have large numbers of polychronic members whose care is further complicated by uncoordinated services.
- Clinical pharmacists look at complex care from different vantage points and can help address polypharmacy.
- Health-risk assessments are vital for appropriate risk adjustment and for helping to ensure accurate coding/documentation to ensure appropriate reimbursements.

Next Steps

The Evernorth home-based care model addresses the needs of the growing polychronic population through a holistic care approach. We seek to facilitate a partnership with health plans to deliver this innovative care and are exploring next steps in the development of a value-based network that reduces cost of care while improving member and provider experiences.

IF YOU REMEMBER NOTHING ELSE

Whole-person care is the opportunity to drive results for polychronic members.

DAY 3 - WEDNESDAY, OCTOBER 4, 2023

Making Lemonade Out of the IRA

Speakers

Kelsey Lang, Principal, Avalere

Edgardo Santiago-Marrero, Sr Director, Medicare Formulary Solutions, Express Scripts

Amy Aldighere, VP, Retiree Markets Solutions, Express Scripts

James Michael, Sr Director, Federal Government Affairs, Evernorth Health Services

Krishna Patel, Actuarial Director, Medicare Actuarial Analytics, Express Scripts

Overview

When life gives you lemons, make lemonade. Collaborative session to ideate on the recipe for overcoming the IRA challenge.

Key Takeaways

- Part D redesign will increase financial liability for Part D plans, specifically in the catastrophic phase and for LIS enrollees.
- Plan liability is projected to be 62% higher for beneficiaries receiving LIS than for non-LIS beneficiaries.
- Risk adjustment should play a larger role in plan strategy.
- The Evernorth actuarial analytics team provides complimentary consultations leveraging prescription data to identify gaps in your Medicare Part D bid.
- Pharma pricing strategies for 2025 are less predictable as they may be looking to preserve margin and alter contracting strategies. Some brands may look to get more aggressive with possible higher or lower list prices.
- Considerations for 2025: Narrower formularies, greater use of UM, rebate optimization, tighter specialty drug/patient management and a focus on generics/biosimilars.
- Express Scripts does not anticipate Part 1 final guidance requirements for Medicare Prescription Payment Plan (MPPP) until spring 2024.
 - MPPP has huge impact on claims process, election and termination, communications and reporting.
 - *Considerations for health plans:* How enrollment is handled? How data gets to Express Scripts? How to handle calculations and billing/customer service? How to manage reconciliation on terminations for nonpayment of premiums?
- Modeling for 2025 bid begins in December and final rates from pharma are expected in January 2024; this should be considered in health plans' bid preparation.
 - Formulary reference files available in mid-March that will support health plans' bid pricing rounds.
 - *Considerations for health plans:* How biosimilars entering the market impact strategy? How the removal of AMCAP is impacting bid strategy? How to measure persistency and abandonment for GLP1 treatments for obesity?

DAY 3 - WEDNESDAY, OCTOBER 4, 2023

Making Lemonade Out of the IRA – continued

Next Steps

- Evaluate narrowing formularies strategically based on PDP or MAPD clients and member disruption threshold.
- Consider formulary designs for 2025 and beyond – evaluate and consider biosimilar autoimmune class impacts, manufacturer impacts on biosimilars.
- Express Scripts to leverage the proposed rule (expected November 2023) to address concerns related to IRA; will continue to act as client advocate in this arena.
- Consider copay smoothing from an end-to-end support perspective.

IF YOU REMEMBER NOTHING ELSE

Shifting enrollment to MAPDs and IRA dynamics to accelerate decreases in LIS benchmark offerings. Plan liability for PDPs is projected to increase 29% more than for MAPDs – a major impact.