

May 9th Retiree Meeting Question and Answer

Who can use MDLIVE? Subscribers under the age of 65. Subscribers over the age of 65 can use telehealth with their doctor. **Is MDLIVE new?** No, it has been available for several years. Information is available on Excellus's website, www.excellusbcbs.com. Members would log into their Excellus member website and then register for MDLIVE.

If a district uses prior authorization, is there a cycle? If a prescription is authorized for you, is there a time limit on that? Typically, prior authorization approval time-period is a year however some drugs may have a shorter time period. Continued approval requires recertification. You will be notified.

The physical every year though Medicare is very brief. Medicare dictates the physicals and the screenings when you have Medicare as primary.

We discussed using Express Scripts mail order service as an option to get the same 90 day supply for 2 copays instead of 3 - 30 day copays. Do we know the impact of the cost savings of mail order? While we know mail order will save members and each plan money, we do not have the specific number, as each prescription cost can be different and not everyone will participate with mail order.

What are the benefits of prior authorization? Costs are less because prescription drugs are being used appropriately when there are safety or utilization concerns. This results in better outcomes and premium stabilization or cost avoidance. **What is the downside of prior authorization?** Someone may have experienced a slight delay due to the process during the pandemic (with staffing shortages). In general members may not even be aware that the prior authorization process is happening behind the scenes. Also, 90% of Excellus' book of business have PA, so the doctors are used to completing the process.

If prior authorization were to be utilized, if I were on a drug, what happens? The communication happens between your physician and Excellus. The doctor submits paperwork so you can get that drug. Not all drugs have prior auth. Excellus indicates that approximately 5% of Rx have a PA. There is a specific listing of drugs that must meet the Prior Authorization medical policy guidelines.

What is step therapy? This is currently not in any plans the district offers; however this plan requires you to try a generic before you try a brand named drug. This is a different program than prior authorization and Generic Advantage Program.

What are the rules to give Excellus the right to say what drug I am able to take? Health coverage does have medical necessity required. Each insurance company has a medical necessity policy that comes from national research and guidelines. The independent Pharmacy & Therapeutic committee decides if a medication should have prior authorization and the drug policy. Excellus Pharmacy Management Team applies the policy for members that have Prior Authorization. Your doctor writes the prescription and submits the prior authorization request, and it may not be in line with drug policy based on FDA approval or clinical guidelines, medical papers, etc. If your situation doesn't meet the criteria, the Dr. could then ask for a peer to peer conversation with a Medical Director or file an appeal.

What percent of prior auths are denied? Over 60% of Prior Authorization requests get approved. Another 40% of the remaining members get overturned.

Who makes the decision to add Prior Authorization to a health plan? The bargaining units would negotiate this if Prior Authorization were to be added. Currently 90% of Excellus' book of business have prior authorization. If the union does go to this, certain medications will need to satisfy the criteria. Members would work with their physicians to make sure they aren't going without treatment.

Are current district employees getting these same meetings? There are ABC (Administrative Benefits Committee) meetings with all union representatives. The Committee meets to review current information that can then be presented to their members.

Discussions have been about prescriptions prior authorizations- what about medical procedures? Medicare has prior authorization for certain procedures now. For Medicare, those prior authorizations are already happening on the medical side.

Question on prior authorizations, who approves or denies? Someone who needs a certain drug, who makes that decision? Are we allowed to know the qualifications of the person denying our Prescription? On the prescription side, the Excellus Pharmacy Management Team reviews the prior authorization requests and approves or denies based on the Drug Policy determined by the independent Pharmacy and Therapeutics (P&T) Committee, which is made up of practicing health care providers and clinical pharmacists. If a prior authorization request is denied the prescriber and member are advised and would be given a reason why it was denied. The qualifications of person who denied it is not included in the correspondence, but the committee is comprised of physicians and pharmacists.

What happens if you cannot take the generic form of a drug as it pertains to the Generic Advantage Program? There is an exception process. Your physician must complete paperwork to submit to Excellus to say why you should get that specific brand name drug. **With Generic Advantage, who pays the difference between the two drugs?** The member pays the difference in cost between the more expensive brand drug and the less expensive generic medication.

Are we going to lose our insurance? No changes are currently being made. The District is not canceling insurance. All changes in coverage would need to be negotiated with the unions.

Why doesn't our plan pay for gym memberships? That is an additional benefit that must be negotiated with the unions. Excellus has a value-added program called Blue 365. It is free to sign up and you have access to a variety of offers, including some discounts on fitness items and gym memberships, because you are an Excellus member.

Who can we contact for specific questions? If the question is specific to a claim or your insurance coverage, contact Excellus's Customer Care at 1-877-253-4797. The District is not able to access HIPAA based information. Otherwise, Jennifer Woody oversees the District insurance. Her phone number is 315-622-7164 and her email is jwoody@liverpool.k12.ny.us. Tracy Sheridan also works in the benefits department. Her phone number is 315-622-7978 and her email is tsheridan@liverpool.k12.ny.us.

We didn't get the same education about the changing dental plan. Ameritas is the new dental carrier with the exact same coverage as Guardian. All coverage was rolled over therefore the benefits are the same. The main change is that the carrier name and network are different. We changed dental carriers based on the union's request for more providers. The unions interviewed 4-5 different carriers prior to deciding on Ameritas.

Why was there not a zoom meeting?

These meetings were held for educational purposes. If retiree's found value in these meetings we would continue to hold them taking people's feedback into consideration, including providing a zoom option, having the meetings on different days, and providing an evening option.