

Long Term Strategy - Activities
Planning Tool



Section I - Mine Your Data				
Category	Options	Year	Activity Selected	Estimate first year cost impact
Neglected Data	1. (C) - Outsource quarterly reporting and analysis to identify and target utilization categories that are increasing	Fall River Suggests	Fall River will provide a proposal for continual year-round data analysis and recommendations since the analysis needed is beyond the time available to in-house staff.	
		FY11	Outsource the quarterly analysis of the health plan in conjunction with an RFP for consulting services	
		FY12		
		FY13		
Section II - Engage through Plan Design				
Category	Options	Year	Activity Selected	Estimate first year cost impact
Rx Plan Changes	1. (A) - Incentivized Mail (Attachment 2) 2. (A) - Eliminate brand and non-preferred copays and change to coinsurance (A) - Eliminate out-of-pocket maximum 3. (M) - Copay Changes (Attachment 2) 4. (M) - Increase out-of-pocket maximum to \$1,000 5. (M) -Performance Step Therapy (Attachment 2) 6. (M) - Eliminate Dispense as Written "Escape Clause" (Attachment 2) 7. (C) - Adopt Caremark's additional no-charge services (C) - Specialty Guideline Management (Attachment 2) 8. 9.	FY11	Adjust co-pays for tier 2 and 3 medications up \$5.00 to 5/25/40 Eliminate Dispense as Written "Escape Clause" Implement the Performance Set Therapy program Implement no cost items Implement Specialty Guideline Management	
		FY12	Review the \$800 out-of-pocket maximum to see if it is still appropriate	
		FY13	Review the incentivized mail program for possible adoption Review plan co-pays for possible adjustment to co-insurance for tier 2 and 3 medications	
Address Highly Utilized Benefits	1. (A) - 26 visit limit for chiropractic, massage therapy and physical therapy, no recertification 2. (M) - 26 visit limit for chiropractic, massage therapy and physical therapy, recertification for physical therapy only 3. (C) - 26 visit limit for chiropractic, massage therapy and physical therapy, recertification for all categories 4. (C) - 26 visit limit for chiropractic only, no recertification	FY11	Establish a 26 visit limit for Chiropractic, Physical Therapy and Massage Therapy -- with a recertification option	
		FY12	Review the impact of establishing a 26 visit limit	
		FY13		

Section II - Engage through Plan Design Continued				
Category	Options	Year	Activity Selected	Estimate first year cost impact
Plan Design Changes	<ol style="list-style-type: none"> (A) - Replace Deluxe plan with QHDHP (Option 1, Attachment 4) (M) - Replace Deluxe plan with new plan option tied to HRA incentives (Option 2, Attachment 4) (M) - Replace Deluxe plan with new option that would be no or low cost (Option 3, Attachment 4) (C) - Change Deluxe non-network to 60% after deductible (Option 5, Attachment 4) 	FY11	Adjust the pricing for the Deluxe plan to account for its higher expenses.	
		FY12	Eliminate the Deluxe plan and replace it with a plan tied to an HRA	
		FY13		
Value-based Benefits	<ol style="list-style-type: none"> (A) - Provide deductible credits to those meeting wellness targets (A) -Waive deductible for active Disease Management participation (M) -Waive all Rx copays (or set to \$5) for all drugs for certain disease states 	FY11	Implement value-based benefit programs that will coordinate well with the disease management vendors' programs (Mike and Erika will implement)	
		FY12	Review of the Value Based Benefit programs	
		FY13		
Redesign Incentive Structures	<ol style="list-style-type: none"> (A) - Adopt incentive structure with quarterly benchmarks to continue eligibility on "compliant" premium structure. Minimum requirements such as non-smoking status, could also be required. Current HRA cash award would be replaced. (Attachment 5, Option 1) (A/M) - Adopt incentive structure with quarterly benchmarks and quarterly rewards administered by WIN. Current HRA cash award would be replaced. (Attachment 5, Option 3) (C) - Reslope employee contribution structure with more contribution towards lowest cost plan. (Attachment 5, Option 2) (C) - Continue current HRA cash award but include biometric screening as an additional requirement (Attachment 5, Option 4) 	FY11	Further define and develop incentive structure	
		FY12	Roll out new incentive structure	
		FY13		

Section III - Member Health Promotion				
Category	Options	Year	Activity Selected	Estimate first year cost impact
Wellness Analysis - Key Areas for Improvement	1. (A) - Increase amount of available coaching	FY11	Authorize WIN to share bio-metrics and HRA data with the disease management company (with employee knowledge and consent) Work with the MAU's to identify more space for IHP's Authorize WIN to do targeted messaging to employees with life style issues (No phone calls) Work with WIN and consultant to develop alternative incentives Contract out an ROI analysis of our wellness programs	
	2. (A) - Improve current participation rates by implementing a new incentive structure			
	3. (A) - Identify space for the IHP program			
	4. (A) - Conduct a comprehensive market analysis of wellness vendor if WIN doesn't improve in areas outline in Analysis recommendation	FY12	If additional space has been found allow spouses (non-UA employees) to enroll in IHP's Roll out alternative incentives	
	(M) - Have WIN integrate bio screen data into HRA results and reporting			
	5. (M) - Stratify members based on HRA and bio screens and target more aggressive communications at highest risk individuals			
	6. (M) - Share HRA results and bio screens with disease management vendor with consent of participant			
	7. (C) - Evaluate alternate incentives to improve current participation rates			
	(C) - Reduce IHP no-shows by creating additional incentive or "penalty"			
	8. (C) - Implement WIN ROI reporting tied to medical and Rx claims data			
9.	FY13	Rebid the wellness programs		
10.				
Wellness Analysis - Additional Areas for Improvement	1. (A) - Implement a rural coaching program (either telephonic or IHP)	FY11	If IHP's are not full by January 1, 2010. Roll out video and telephonic IHP's to rural campuses implement team challenges proposed by WIN Drop the \$100 payment for the completion of HRA, or add additional criteria that must be met (eg bio-metric screen, fitness challenge) Do a leadership summit in Fairbanks, Anchorage and Juneau to increase their awareness and willingness to promote wellness issues	
	2. (A) - Include spouses in IHP program and incent bio screenings			
	3. (M) - Evaluate telephonic coaching for rural areas and compare to rural IHP proposal			
	4. (M) - Discontinue \$100 cash award and improve HRA participation rate with new incentive strategy	FY12	If additional space has been found allow spouses (non-UA employees) to enroll in IHP's	
	5. (M) - Create a volunteer wellness committee on each of the three main campuses			
	6. (C) - Ensure WIN completes GINA compliance updates			
	7. (C) - Implement leadership summit proposed by WIN			
	8. (C) - Implement team challenge proposed by WIN			
	9. (C) - Complete the Wellness Program Self-evaluation tool			
Disease Management and Nurseline	1. (A) - Select Accordant as disease management vendor	FY11	Move the disease management program to Accordant on July 1, 2010	
	2. (M) - Reintroduce nurseline	FY12		
	3. (C) - Retain Premera as disease management vendor and require improved reporting and outreach	FY13		

Section IV - Create Saavy Healthcare Consumers				
Category	Options	Year	Activity Selected	
Educate to Create Consumerism	<ol style="list-style-type: none"> (M) - Conduct series of Consumer Knowledge Surveys (M) - Develop Top 10 education topics (M) - Tie incentives to education campaign (M) - Complete ongoing education campaigns (C) - Add consumerism to e-newsletter 	FY11	Between now and July 1, 2010 focus on communication of plan changes July 1, 2010 deal with employee misunderstandings about plan changes	
		FY12	Tie incentives to educational campaign Newsletter	
		FY13		
Section V - Communicate Constantly				
Category	Options	Year	Activity Selected	Estimate first year cost impact
Communication Campaigns	<ol style="list-style-type: none"> (A) - Add print newsletter mailed to homes (A) - Implement a communication campaign geared towards visual awareness of wellness and consumerism (M) - Create an education campaign that originates with leadership (M) - Incent spouses to join e-news distribution list (C) - Add consumerism and wellness information to Open Enrollment Guide (C) - Create calendar with topics to re-emphasize by month 	FY11	Contract with a vendor for a newsletter (electronic and home mailing)	
		FY12	Add consumerism and wellness information to Open Enrollment Guide Create calendar with topics to re-emphasize by month	
		FY13		
Section VII - Additional Savings Opportunities				
Category	Options	Year	Activity Selected	Estimate first year cost impact
More Ideas	<ol style="list-style-type: none"> (A) - Implement a "Medical Tourism" benefit (A) - Require additional spouse contribution when alternative coverage is available (A) - Implement Opt Out Credit (M) - Conduct Dependent Eligibility Audit (M) - Change New Hire Waiting Period (M) - Reslope University contributions more towards employee (C) - Research Medical Tourism benefit options 	FY11	Study medical tourism and identify a list of services Implement a 30 day wait for new hires starting July 1, 2010 Add a \$25 per pay charge for having your spouse on UA's health plan if they have other coverage available (even if that coverage is UA Choice) and are enrolled on UA Choice as a dependent As part of open enrollment every year send employees a list of the dependent on UA Choice and ask them to review it and report changes. Require starting July 1, 2010 for all new employees and for life events proof of a dependents eligibility	
		FY12	Roll out medical tourism	
		FY13		