WPS partners with one of the nation’s largest pharmacy benefit managers (PBMs) to offer advanced management of pharmaceutical treatments, plus rigorous control of pharmacy costs. This partnership brings best-in-class pharmacy clinical management programs and retail pharmacy network options to fit our customers’ needs.

For employers looking to manage rising pharmacy costs while addressing their customers’ complex pharmacy needs, WPS brings a comprehensive, high-value solution that includes:

» Large pharmacy networks.
» Flexible administration to suit groups’ needs.
» Distinctive customer-centric approach.

» Rigorous formulary development to enable high-value choices.
» Compelling cost and health management programs.
» Progressive opioid management program.
» Rigorous specialty drug management.
» Integrated medical and pharmacy administration.
» Comprehensive quality management.
» Responsive group services.
Large pharmacy networks with multiple options

Employer groups can choose from several comprehensive network options to match their unique needs. Access to retail pharmacies is integral to achieving optimal compliance with prescribed medications and customer satisfaction.

- **Standard network**: WPS’ standard pharmacy network has more than 63,000 pharmacies, including national chain pharmacies, big box retailers, grocery stores, and local independent pharmacies, to ensure that customers can access their medications nationwide.

- **Narrow networks**: Groups can also choose narrow network options for enhanced savings. WPS can analyze group pharmacy claims and provide recommendations if a narrower network could save the plan money while still providing reasonable access to customers.

- **Mail-order networks**: Customers can obtain a 90-day supply of maintenance medication via home delivery. Employers can choose for this to be an optional benefit or mandate home delivery for maintenance medications after the third retail fill.

- **Retail90**: Customers may obtain up to a 90-day supply of maintenance medications at their local retail pharmacy.

- **Specialty drug network**: Groups can choose specialty drug dispensing options to best fit their needs—including open retail, first fill at retail, or exclusive specialty pharmacy.

The average customer is less than two miles from a participating pharmacy for urban and suburban areas.
Deep discounts and low fees

WPS partners with one of the largest pharmacy benefit managers (PBMs) to provide superior pharmacy cost management. WPS negotiates with Express Scripts for pharmacy services for multiple health insurance segments and obtains very competitive pricing—including deep discounts and large rebates from drug manufacturers. WPS offers self-funded groups competitive pricing that helps drive down self-funded employers' costs.

Flexible administration

Self-funded employers have unique needs and preferences. To meet these needs, WPS offers groups the ability to customize their program in a number of ways.

Plan design

WPS offers flexible plan design options to customize benefits to the employer. Groups may choose traditional copay or high-deductible health plans (HDHPs) and customize tiers, copays, deductibles, and out-of-pocket amounts (when integrated with medical benefits).

Pricing options

Employers have differing financial situations that require flexibility in pricing approaches. To meet this need, WPS offers creative options in addition to traditional pricing structures. These include administrative fee discounts in lieu of rebates, which provide upfront cash flow and greater consistency, and “hybrid” options with some rebates and some administrative fee credits. Given the rapid pace of change in the pharmacy industry, we continue to evolve pricing options in line with employer needs.

Formulary options

WPS has carefully developed a high-value formulary for groups. Groups can customize some aspects, including mandatory generics (with associated penalties) and $0 drug lists. $0 drug lists offer specific drugs at no cost to customers. This helps increase medication adherence by removing financial barriers and improves management of conditions.

1Customers with high-deductible health plans may have to meet their deductible options before receiving certain drugs for $0.
Customer-centric approach

Research has shown that 50% of a group’s members—those with chronic and complex conditions—can drive more than 95% of pharmacy costs. To address this, WPS and our pharmacy partners focus on these customer populations to help manage costs while continuing to provide effective care to customers with acute needs.

A specialist pharmacy practice is more cost-effective than the typical generalist approach while delivering superior levels of care for customers who need it most. Most PBMs still follow an outdated generalist model where the focus is primarily on controlling pharmacy costs and all customers are treated the same, regardless of their conditions. WPS focuses on the customer and tailors pharmacy solutions that help improve health and lower the total cost of care.

As the number of customers with chronic and complex conditions increases year over year, a generalist approach no longer provides optimal care and cost management. Generalist pharmacists do not always have access to benefit design information, plan preferences, or awareness of customers’ out-of-pocket costs.

WPS’ PBM service works with customers and looks closely at their health and prescription histories. With access to prescription and medical claims data, our PBM services manage care across medical and pharmacy benefits to help customers find the most appropriate treatments, sites of care, and providers for their conditions. This leads to better outcomes and lower costs. Specialist pharmacists at the Therapeutic Resource Center can help improve customer care and take actions that result in substantial annual savings to groups.

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### Generalist approach

- General pharmacy
- Prescription-focused operations
- Retroactive attempts at customer engagement
- Deluge of customer communications
- Issues with coordination of care
- Minimal collaboration with customers and physicians

### WPS: The new standard

- Specialist pharmacy
- Therapy-focused operations
- Upfront customer engagement
- Customer-specific, tailored communications
- Therapy aligned with best practice guidelines
- Therapy counseling supporting compliance and persistency

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Pharmacy Benefit Management

At the heart of the condition-specific approach to care are Therapeutic Resource Centers (TRCs). These pharmacies specialize in caring for patients with the most complex and costly conditions. Each TRC acts as a smaller pharmacy within a large, specialized pharmacy, providing care that helps each patient achieve the best possible outcomes. They are staffed with extensively trained specialist pharmacists, nurses, and other clinicians.

All customers have access to TRCs, whether they fill their medications through the home-delivery pharmacy or a local retail pharmacy. Through this one-of-a-kind clinical model, patients can connect with specialist pharmacists, nurses, and other pharmacy experts who specialize in specific disease states and medications. These professionals can help identify issues or gaps in care by reviewing a patient’s medications and medical conditions.

TRCs incorporate therapy management programs and proprietary drug- and patient-specific clinical protocols to help ensure safety and effectiveness and improve outcomes. TRC pharmacists spend an average of 12 minutes talking with each patient—six times longer than retail pharmacists’ average. In addition, TRC pharmacists use clinical protocols unavailable in retail settings to monitor and manage medications much more effectively than nonspecialty pharmacies.

TRCs provide:

» Extensive patient training and education.
» Ongoing clinical adherence interventions.
» Proactive therapy-effectiveness assessments.
» 24/7 telephonic clinician availability.
» Proactive refill reminders.

TRCs cover the following:

» Bleeding disorders
» Cardiovascular
» Cystic fibrosis
» Diabetes
» Endocrine
» Fertility
» Hepatitis C
» HIV/immunology
» Immune disorders
» Multiple sclerosis
» Neuroscience
» Oncology
» Pulmonary
» Pulmonary arterial hypertension
» Rare diseases
» Rheumatoid arthritis/inflammatory conditions
» Transplants
» Women’s health

Benefits of TRCs:

» Improve adherence, clinical outcomes, and reduce costs—adherence to maintenance medications at TRCs is 19 points higher than retail.4

» Help achieve better clinical outcomes for customers by closing gaps in care.

» Enable high patient satisfaction—approximately 98% of those who received counseling from a specialist pharmacist were extremely satisfied or very satisfied with the interaction.5

Rigorous formulary development

The WPS standard formulary is developed with significant research and rigorous evaluation to carefully balance health, cost, and convenience.

» We use the National Preferred Formulary (NPF), which excludes select medications that do not provide greater clinical value (therapeutic outcomes) than lower-cost alternatives. We work with customers, pharmacies, and prescribers to transition customers to preferred medications.

» As new medications are approved by the FDA, we do not automatically include them on our formulary. New therapies are put on a new-to-market exclusion list and reviewed by an independent Pharmacy and Therapeutic (P&T) committee to evaluate whether the new therapy is unique, has clinical evidence to support positive health outcomes, and other equivalent products are already available. Based on the recommendation of the P&T committee, we then work with manufacturers to obtain the best pricing for new therapies.

» Additional medications are evaluated throughout the year to determine if they provide acceptable clinical value. If they do not, they may be excluded from coverage. Customers who may be impacted by formulary updates or changes receive guidance about upcoming changes and their options for coverage.

» WPS includes all preventive drugs mandated by the Affordable Care Act at no cost to customers.
  • In July 2020, WPS expanded the list of preventive drugs available at no cost to include certain generic antidepressant medications (SSRIs).

Comprehensive programs and services

WPS strives to lower the total cost of care and make health care more affordable for those we serve. Pharmacy can drive more than 30% of groups’ costs and is the leading driver of health care cost increases. Our innovative programs offer end-to-end solutions that help coordinate care and keep people healthy. Our integrated medical and pharmacy benefits plus our clinical programs help direct customers to the right care in the right place at the right time.

WPS deploys a comprehensive suite of programs for health and cost management, including the following:

Utilization Management

Utilization Management services use clinical evidence to evaluate the effectiveness, appropriateness, and medical necessity of treatment to guide effective care. The goal is to ensure that the right patient has access to the right treatment at the right time in the right quantity (dose) and the right setting.

Prior authorization

Requested care is reviewed for medical appropriateness, ensuring that medication meets criteria established by the manufacturer, that the dose is appropriate for the customer and the condition, and that other conventional therapies have been tried first (i.e., step therapy). A maximum quantity per fill or per month may be enforced for certain drugs for safety and waste management.

Oncology management

Requests for medical and pharmacy oncology drugs and radiation oncology treatment are reviewed by practicing oncology experts to direct the patient to the most appropriate care based on the latest evidence and guidelines for treatment.
Site of care

Customers may be redirected to more convenient, lower-cost sites to receive their medication, including infusion within their own home, if appropriate. This leads to reduced costs, reduced risk, and more convenient medication administration for customers.

Concurrent drug utilization review

When a pharmacy submits a claim, online, real-time drug utilization analysis occurs to evaluate the therapy against a series of predetermined safety standards.

Compound management

Every ingredient within a compounded prescription claim is compared against a list of more than 1,000 bulk powders that are targeted due to cost, lack of clinical evidence, or available alternatives.

Retrospective drug utilization review

Prescription claims are analyzed to address patient health and safety issues. This identifies and helps prevent future adverse drug events.

Opioid management program

More than 20% of Americans experience chronic pain, which can result in opioid overuse. Opioid overdoses kill more than 70,000 Americans and overuse costs the nation as much as $78.5 million every year. WPS works to manage opioid overuse in the population through the opioid management program. The program monitors customers for appropriate and safe opioid use through reviews of utilization of short- and long-acting opioid pain medications. We also review year-over-year trends in prescriptions and utilization to confirm reductions in overall use as customers shift to safer, more appropriate long-term treatments for their pain.

Additional program features:

- First opioid fill is limited to a seven-day supply to prevent overprescribing.
- Opioid doses are evaluated to avoid exceeding the safe threshold based on each customer's condition.
- Prior authorization is required for certain long-acting opioids that have a high potential for misuse and/or abuse.
- Quantity limits are used to prevent potentially unsafe doses of opioids.

The opioid management program helps provide proper care through reviews of the doses, quantities, and types of opioids being prescribed. It also identifies and prevents potential customer problems (doctor shopping, drug-seeking behavior, identity theft, etc.), and prescribers with unusual or excessive utilization patterns.

*Centers for Disease Control and Prevention. drugabuse.gov/drugs-abuse/opioids.*
ScreenRx®

Something as simple as missing a few doses of medication can lead to significantly higher medical costs and employee absenteeism. In fact, nearly 50% of medications for chronic disease aren’t taken as directed.7 ScreenRx is a proprietary medication adherence solution that detects future risk of nonadherence and tailors interventions for individual patients. Through predictive modeling, ScreenRx identifies patients at highest risk for not following their doctors’ orders. Identified patients receive personalized follow-up to help them stay compliant with their therapy and decrease hospitalizations and medical costs.

The program is built on three core principles:

**Right person**

- Identification of patients at risk for future nonadherence.
- New opportunities generated daily.
- Predictive modeling scores recalculated weekly.

**Right clinical care support**

- Diagnostic outbound calls.
- Live Therapeutic Resource Center specialist pharmacist calls.
- Adherence tips for patients just diagnosed and new to therapy.
- Customer website and mobile app alerts.

**Right solutions**

- Pharmacist consultations.
- Medication reminder device.
- Home delivery/90-day supply.
- Generic, low-cost alternative prescription drugs.
- Automatic refills.

RationalMed®

The RationalMed patient safety solution identifies patients across a population who may be at risk for near-term hospitalizations, adverse events, and longer-term health complications by evaluating integrated health information. The solution combines medical claims, pharmacy claims, and lab data to build a complete patient profile, which is evaluated with thousands of evidence-based clinical rules. Safety risks across three categories are identified:

- Adverse drug risk.
- Coordination of care opportunity.
- Omission of essential care.

Potential safety issues are sent to the prescribing physician in the form of a RationalMed alert. Alerts are also sent to pharmacists, patients (select alerts only), and case/care managers as determined by the customers’ needs.

RationalMed services:

- Protect customers against thousands of evidence-based health and safety risks.
- Achieve high physician and patient satisfaction.
- Allow participating groups to realize greater program savings from reduced hospitalization costs and appropriate use of prescription drugs. In 2019, this amounted to $1,723 in savings per patient annually.8

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Patient Assurance Program (insulin option)

The Patient Assurance Program helps customers pay less for insulin. Customers using the participating drugs will pay no more than $25 per 30-day supply using the home-delivery pharmacy or any in-network retail pharmacy.

This program increases affordability of insulin by reducing out-of-pocket costs by 40% or more and helps improve adherence and diabetes management.

SafeGuardRx®

Today’s health care landscape includes significant costs. SafeGuardRx is designed to combat rising drug costs and help ensure important therapies and specialized care are available for our customers.

SafeGuardRx offers a high-touch model through pharmacists and other health care providers at the Therapeutic Resource Centers who monitor and intervene with customers. This helps customers take their medications as prescribed and get the maximum benefits of therapy. SafeGuardRx includes the following components:

» Diabetes Care ValueSM
» HIV Care ValueSM
» Inflammatory Conditions Care ValueSM
» Migraine Care ValueSM
» Multiple Sclerosis (MS) Care ValueSM
» Oncology Care ValueSM
» Pulmonary Care ValueSM
» Rare Conditions Care ValueSM

SafeGuardRx programs help:

» Improve medication adherence and disease management
» Lower the overall cost of care

Home delivery (mail order)

Customers can get many of their maintenance medications through home delivery. Mail-order pharmacy offers deeper discounts and lower dispensing fees. Plan benefits often allow 90-day refills of maintenance medication through home delivery. Customers who use the home-delivery pharmacy are more satisfied, more adherent, and spend less.9

Home-delivery service:

» Provides lower copays and higher out-of-pocket savings. Customers spend an average of 29% less on their medications than those who fill their prescriptions at retail.

» Offers generic substitution rates that are typically 3%-4% higher through home delivery, providing tangible savings for groups and customers.

Real-time benefit check (via EHRs/EMRs)

Technology advances have enabled physicians to connect through their personal devices and to access electronic health records (EHRs)/electronic medical records (EMRs) in real time. Information can be directly communicated through these connections, including drug interactions, prior authorizations, and real-time benefit checks. This allows the prescriber to consult with a patient on an individual benefit—such as the formulary, authorizations, or coverage—while the patient is still in the examination room.

Real-time benefit checks enable:

» Prescribers to review a patient’s medication fill history and compliance while addressing any patient concerns right in the office.

» Providers to see an actual estimate of a medication’s cost to both the customer and health plan, enabling a real-time discussion of formulary alternatives. This reduces patient frustration at the pharmacy for medications that are not covered or have a higher copay than a preferred medication.

My Pharmacy Options

My Pharmacy Options is an all-inclusive platform to communicate with customers about their pharmacy benefit. It provides education, engagement, and support to make better benefit decisions. The focus is on moving customers to a 90-day supply to improve medication adherence and educating about the mail-order pharmacy service.

Digital tools

WPS customers get access to pharmacy information through a personalized digital experience online or via mobile app. These tools enable a wide range of resources, including find a pharmacy, price a medication, refill/renewal, order status, and prescription transfers.

Specialty drug management

Treating complex conditions such as multiple sclerosis, inflammatory disease, cancer, or organ transplants requires medications referred to as “specialty drugs.” Specialty drugs are a class of high-cost, high-complexity pharmaceuticals that may require special handling. These therapies are often biologics or “drugs derived from living cells,” and are injectable or infused into the patient (although some oral medications are now available). Drugs are often defined as specialty because their price is much higher than that of nonspecialty drugs. Drugs classified as specialty drugs are placed in a specialty tier that requires higher patient cost sharing.

Specialty drug costs are a growing concern for many groups, as they largely drive total pharmacy costs and utilization increases. Currently, specialty medications make up approximately 1% of prescriptions dispensed but account for 45-50% of total pharmacy spend through the pharmacy benefit.10 In the mid-1990s, there were fewer than 30 “specialty” therapies available—by 2015, there were 300.11 Specialty medication utilization is expected to grow by double digits annually.12

While the cost of specialty drugs is certainly a concern, the clinical programs surrounding specialty drugs are more relevant than ever. WPS groups get wide-ranging programs that help maximize patient service levels while maintaining a fiscal responsibility to the plan. The results of a successful program include lower costs, increased customer compliance, and reduced inpatient admissions due to poor disease management.

10The Rise of Specialty Spend (managedhealthcareexecutive.com).
12Express Scripts Analysis of Drug Pipeline 2020.
Specialty drug prior authorization

To ensure proper utilization of high-cost specialty drugs, WPS requires a prior authorization before a claim will be covered. If there are patients on specialty medications under a different insurance plan, WPS will work to minimize disruptions when switching to WPS group coverage.

Oncology management

Requests for medical and pharmacy oncology drugs and radiation oncology treatment are reviewed by actively practicing oncology experts. This helps ensure the most appropriate care based on the latest evidence and guidelines for treatment.

Site of care

Customers may be redirected to more convenient, lower-cost sites to receive their medications, including infusion within their own home, if appropriate.

Specialty pharmacies

Unlike pain medications or antibiotics, specialty medications generally do not need to be started immediately. To provide the best long-term care and outcomes for customers while providing cost-effective management, WPS recommends that customers with specialty medications fill them through our preferred specialty pharmacy starting with the first fill.

The specialty pharmacy provides customers with a different, high-touch approach to care. Before a prescription is filled, a nurse or pharmacist with training on the disease discusses the new medication with the customer. The pharmacist works with the customer to identify potential obstacles that may keep the patient from taking the medication correctly, including financial concerns, side effects, ability to administer the medication, the patient’s understanding of the medical condition, and the anticipated outcomes from this therapy. The pharmacist also has regular follow-up with the customer to discuss concerns, assess progress, and monitor for side effects.

In addition, during the prior authorization/initial outreach, the pharmacist will look for manufacturer assistance programs under the SaveonSP copay maximizer program or other savings programs that could help lower costs for both the customer and the group.

Specialty pharmacies offer:

» A high-touch model with in-depth consultation on expensive and complex therapy, close monitoring, and support.
» Education and potential cost-reduction support.
» Access to high-cost medications that most retail pharmacies don’t have in stock.
Copay maximizer program

For groups with higher specialty drug costs, WPS offers the SaveonSP program, a copay maximizer program, to help the customer and the plan sponsor save money. SaveonSP uses the Affordable Care Act state benchmarks to classify certain specialty products as nonessential health benefits, excluding them from the customer’s deductible and out-of-pocket maximum. Higher copays are established on the targeted drugs to fully utilize available manufacturer copay assistance. This results in savings for the patient and the group. The limitations on assistance are reduced since the program works beyond copays and out-of-pocket requirements. After the copay assistance is applied, the patient’s out-of-pocket responsibility is $0. The program targets 250+ specialty drugs in 30 therapy classes.

The copay maximizer program:

» Produces significant savings for the customer—decreases patient responsibility to $0.

» Produces savings for the group. In 2019, groups participating in SaveonSP saw a −5.2% trend compared to nonparticipating groups at 12.3%.

Ultra-high-cost protection

By 2026, the cost of gene therapies is expected to reach more than $13.9 billion in the United States, with 50–100 gene and cell therapies anticipated to be approved by 2025. WPS offers the Embarc Protection Program to make breakthrough drugs more affordable for the group and the patient while ensuring access for those who need it.

The Embarc Protection Program:

» Combines medical management, specialty pharmacy, and health services capabilities.

» Leverages specialized pharmacy dispensing and distribution through Accredo and CuraScript.

» Helps protect self-funded groups from the extremely high costs for two FDA-approved gene therapies:
  ▪ Luxturna, a gene therapy for patients with inherited retinal disease.
  ▪ Zolgensma, a gene therapy for children younger than 2 years old with spinal muscular atrophy.

» Will be updated as new drugs become available and are approved for inclusion in the program.

» Eliminates out-of-pocket payments related to the cost of the medicine for eligible customers; customers receive personalized, expert care (customers with a high-deductible health plan must first meet the applicable deductible).

» Provides access to extremely high-cost therapies.

» Creates financial predictability for groups and customers.

» Can connect customers with best-in-class providers and supports them on their journey.

13Savings based on sponsor’s utilization, the most restrictive state benchmark, and Express Scripts National Preferred Formulary. Savings may vary based on sponsor’s actual utilization or a different benchmark or formulary. Savings do not represent any type of guarantee by SaveonSP or Express Scripts. Express Scripts 2020.


15EvaluatePharma.


17Requires plans to be enrolled in the program prior to a customer’s diagnosis to be eligible for the benefit.
Integrated medical and pharmacy administration

Employers are under more pressure than ever to deliver value in health care. Americans are concerned about unexpected medical bills, health insurance premiums, deductibles, and prescription drug costs. With the landscape becoming more demanding, employers are weighing their options for medical and pharmacy benefits as they try to reduce costs and improve care for their employees. An integrated medical and pharmacy benefit can substantially reduce the total cost of care, improve customer health, and provide greater convenience to group leaders and customers.

Improving customer health and clinical outcomes

Serving a group with integrated medical and pharmacy benefits enables WPS to truly understand the populations being served. The seamless combination of pharmacy and medical data enables enhanced clinical programs that add value upstream where they can have maximum impact. Using pharmacy data, WPS can identify customers at risk for adherence issues, which enables WPS to admit customers into condition management programs. This prevents potential downstream complications and associated costs.

Example:
Customers with low adherence to their blood pressure medication can be enrolled in WPS’ hypertension condition management program. With integrated pharmacy data, we are more efficiently and effectively able to determine who should be in the program and who is at increased risk for adverse outcomes.

Similarly, pharmacy integration allows WPS to quickly identify and help close gaps in care. Integrated medical and pharmacy benefits provide WPS with a 360-degree view of the populations we serve to effectively help our customers through all of life’s changes.

Large population studies have shown up to a 5.3% reduction in ER visits and a 9% reduction in hospitalizations for carved-in groups versus carved-out groups. Another study indicates that a carved-in patient was 12% more likely to be adherent to their medication than a carved-out patient.

The numbers also reveal that integration can increase preventive care. In one instance, a plan’s integrated customers received opioid misuse treatment at a 15% higher rate and saw a 30% reduction in subsequent overdoses for customers who had experienced an overdose in the year prior to treatment.
Caring for customers with complex diseases

The effects of integration on health spending and outcomes are even greater for customers with complex, high-cost disease states—a group that accounts for more than 25% of total health care spending in the U.S. Integrated customers are more adherent to evidenced-based medicine, have lower utilization growth, and lower inpatient costs. These customers have simpler experiences with self-funded groups, coordinating medical and pharmacy care through a single source instead of navigating a complex web of contacts and information resources.

Reducing the cost of care for groups and customers

Combined pharmacy and medical management can reduce medical costs for customers living with conditions such as hypertension, coronary artery disease, diabetes, COPD, and inflammatory diseases such as Crohn’s, ulcerative colitis, and rheumatoid arthritis. While savings vary by disease state and population, it’s frequently more than 10% lower than spending by carve-out plans, which means thousands of dollars saved per customer per year.

Integrated benefits enable alignment for lower overall cost, synchronize medical policies, and eliminate cost shifting from pharmacy benefits to medical benefits.

Evidence clearly shows an integrated medical and pharmacy benefit substantially reduces total cost of care and improves customer health in comparison to a carve-out approach. Though populations and methodology vary, numerous studies from health plans and independent parties have documented considerable savings for groups and customers with integrated benefits.

Savings estimates hover around $460 per customer per year, with some studies showing savings as high as $690 per customer per year.25

The value of integration is also growing. Two recent studies show estimated integration value increased for multiple national plans between 2015 and 2018. One group’s medical savings more than doubled from 2015 through 2018, with a 39% annual growth rate.26 Another saw a 19% rise in savings over two years.27 The benefits of integration begin immediately—with one nationwide study noting that groups avoided $144 per customer per year in medical spending the year immediately after switching from carve-out to carve-in pharmacy.28

The value of integration goes beyond just medical costs. As health plans’ pharmacy strategies improve, their ability to manage costs across care channels also gets better. In the past, the savings from medical integration could be partially offset by increases in pharmacy spending due to higher adherence and utilization. But newer evidence suggests that plans receive additional pharmacy savings that exceed these increases in pharmacy spend.

23 Aetna 2018.
Improved group and customer convenience

WPS provides the opportunity to have medical and pharmacy claims administration with one vendor. This can provide greater convenience to employers and customers.

Customers have one ID card and one Customer Service team to support them. This helps provide a consistent experience and greater overall support for the customer.

Groups can enjoy combined benefit analysis and design, easier setup and administration over the course of the year, integrated issue resolution, and more complete reporting on pharmacy and medical trends and issues.

Quality management

Accredited PBM partner

WPS’ PBM partner maintains URAC’s Drug Therapy Management (DTM) accreditation for its mail and specialty pharmacies that provide clinical management and customer engagement programs, and for its call centers. The URAC accreditation is in addition to an extensive list of industry recognitions, which include URAC’s Pharmacy Benefit Management accreditation and the Joint Commission’s Home Care—Dispensing Pharmacy Services accreditation. Additionally, its premier patient safety program, RationalMed, received Disease Management Systems Certification from the National Committee for Quality Assurance (NCQA).

Oversight by WPS

WPS has a comprehensive program for monitoring and ensuring the quality and responsiveness of its pharmacy vendors to help provide optimum value for WPS groups. The WPS pharmacy team monitors and regularly audits the PBM vendor, operations, and services. This includes:

» Conducting periodic and annual reviews of systems, staff, and policies and procedures.

» Reviewing routine periodic reports by the vendor(s) and/or consultant.

» Tracking and analyzing provider and customer complaints and other performance metrics.

» Reviewing customer and provider correspondence, including notification of coverage decisions, appeal and grievance determinations, formulary changes, and other communications, to evaluate compliance with NCQA standards for timeliness and content.

» Reviewing and evaluating utilization management strategies, including prior authorization criteria, for clinical and formulary appropriateness.

» Testing benefit configuration to ensure appropriate claim adjudication based on the formulary and utilization management rules.

Any failure by the vendor to meet requirements is promptly brought to its attention for correction and remediation.
Group services

The Pharmacy Department provides assistance to groups throughout the implementation process, as well as on an ongoing basis for management, oversight of pharmacy benefits, and support. Services provided include:

- Benefit design support/plan benefit suggestions for optimal care and cost management.
- Onboarding and enrollment issue management.
- Comprehensive reporting, including trends.
- Utilization monitoring.
- Quality management.
- Patient and provider advanced issue resolution.

Self-funded groups save with WPS

WPS integrated pharmacy benefit services provide a compelling benefit to customers and groups. Typically, customers receive better care at lower costs, employers get much lower costs and more productive employees, and both benefit from a much simpler and convenient experience. The integrated pharmacy can offer employers significantly better service with a much lower total cost of care.

Get a quote today!

Contact your WPS sales representative today for more information or to request a quote.

866-297-4977
wpshealth.com/aso