



# Key Healthcare Issues

Employer Event 2024

**Thank You**  
**Remarkable Organization**  
**Responsibility to the Future**  
**Challenges**

- Two Systems
- Data Integrity & Interfaces

# HOLD TIMES

New FTES – First Class of Part-Time  
More Call Time; Less Documentation  
Provider Portal Fixes  
Message Center  
System Improvements

# SYSTEM PERFORMANCE

## Billing

- Good Progress
- For Loading Issues, Please Call

## Enrollment

- 834 Process
- New Hire
  - Portal
  - Refer to Enrollment: (801) 366-7410

# TRANSITION PLANS

Add a Few Groups in July  
Assess September  
Target 2025

# MY CONTACT INFORMATION



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Town Hall Meetings in March & April

# NO SURPRISES ACT

## Very Good for Members

- Any Emergency Room
- No Balance Billing

## Mostly Good for Employers

- Very Good for Members
- Easier to Limit Provider Network
- Payment is Generally Accepted
- Arbitration is Still Moving Target

**Consider:** Revisit Out-of-Network Arrangements

## Eliminated Government Exception

- Same Quantitative & Qualitative Requirements
- Finding the Equivalent Medical Service
- Maintaining Appropriate Clinical Criteria
- Consider: Double-checking Compliance Efforts



## Tale of Two Problems: Coupons & Rebates

- **Coupons:** Make expensive drugs cheap to patient
- **Question:** Should coupons apply to accumulators?
- **Rebates:** Make cheap drugs expensive to patient
- **Question:** Should that change?

## Q. How much coupon should be available?

- **Pharma:** Least Possible
- **Health Plans:** Most Possible
- **Affected Patients:** Least Out-of-Pocket
- **PEHP:** Most possible but:
  - Protect All Members with High Cost Conditions
  - Protect Patient Out-of-Pocket Costs

# FINAL VERSION OF SB 152

## Maximizer + PEHP Models

- **Patients:** Apply Coupon so Low Out-of-Pocket
- **Health Plans:** Full Coupon must Apply
- **Pharma:** Worst Case Scenario
- **PEHP:** Fix the Issue the Right Way

# BILL FAILED

# AT LEAST FOR THE MARKET...

**HCR 2:** \$4000 Individual Max for State STAR

**PEHP Policy:** Cash Back & Low Payment Tier

**Consider:** Adding Individual Max

# HB 425--RETURNING REBATES



**Option 1:** Return Rebates to Employer Groups

**Option 2:** Return Rebates to Patients

Disagreement over "Rebate" definition

## **BILL FAILED**

**PEHP Groups:** Benefit from Option 1

**State:** \$3.81 PMPM or \$2.8M

**Consider:** Exploring Rebates for Group & Patient

## Innovation Leader

- First to Maximize Coupons
- Formulary Management
- Pharmacy Tourism
- Outside-of-Hospital Infusion Services
- Leverage Foundation Money
- Access New Pharmacy Channels
- \$0 Fast Acting Insulin and Test Strips

**Consider:** Leveraging Foundation Money

## HB 217 – Volunteer EMS Program

### \$20 Basic Benefit Package

- MUST WORK LESS THAN 20 HOURS
- Dental Discounts – Save 40% and over \$400
- LTD \$1000 Monthly Benefit
- Basic Life 50/50/10/10
  - \$50,000 Death
  - \$50,000 Line-of-Duty Death
  - \$10,000 Accidental Death/Disability
  - \$10,000 Death of Spouse or Child
- Health Stipend → Health Reimbursement Account
  - **Consider:** Reduce Costs and Limit Risk for Retirees

## **SB 35--\$4000 Stipend for IVF**

- Tie to Single Embryo Implant & Health Status

## **Fair Payment**

- Use Medicare as Benchmark

## **Value-Based Arrangements**

- Improve Outcomes

**Consider: Coverage for IVF**



## Telemedicine

- Telepsychiatry within 48 Hours (Brightside)
- Home-based Care (Fia)
- Behavioral Coaching (Noble Health)
  - Parenting
  - Diabetes

## Cash Back and Copay Strategies

- Compete with Coupons
- High-Cost Procedures to Lower-Cost Settings
- Map-based App

## **One Utah Collaborative**

- Professional Staff
- Long-Term Horizon

## **Immediate Term:**

- Change Health Ransomware
- Hospital Increases & Hospital CPI

## **Long-Term:**

- How Simplify Healthcare?
- How Embrace Disruptive Technology?
- How Be Different & Right?

# Thank You

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