galaxē solutions™

Health Plan Management Playbook

Step-by-Step Guide to Revolutionize Your Benefit Plan Management

Continue for more about…
- Pharmacy rebates and pricing
- Real-time reconciliation
- Pharmacy source of truth
- Pharmacy benefit intent

Why You Need to Automate Benefit Plan Management

The Health plan and PBM relationship often includes complex changes in benefits, products, formulary, and pricing that can be hard to navigate. Optimizing and automating the integration between Payer and PBM has shown significant improvement on controlling the cost of drugs, and most importantly, optimizing the focus on whole person health.

Health plans and PBMs recognize that the value of pharmacy benefits can be increased by integrating pharmacy data into broader patient care activities.

Integrated medical and pharmacy data enables health plans and PBMs to develop more clinical intelligence about patients which can help drive the best outcomes and optimized costs for the patients.

To deliver on the creation of patient-based value outcomes, speed to market and ease in migration and management requires a highly automated solution that does not disrupt service to members. The reluctance to change out PBMs has a lot to do with the data challenges inherent in the shift and the risks associated with migration. The data mapping required has been traditionally a highly manual process, and one that is labor intensive; therefore, the transition to a new PBM requires sophisticated, accurate and highly synchronized migration of very large datasets, applying sophisticated data, and analytic tools.

In this playbook we will explore these themes and more

- Understand the benefit(s) of storing the benefit plan information in a database Source of Truth (SoT) to enable easy access/retrieval for the management, update, and creation of new plans

- Understand how to identify and ingest/reverse engineer pharmacy benefit plans from a PBM adjudication engine

- Show how having a SoT can facilitate unit and regression testing when converting to a new PBM vendor

- Demonstrate how the SoT enables independence from, and streamlines operations with a PBM

- Understand how to monitor, measure, and forecast your spread and rebates at a claim level with a PBM or Group at any frequency

The Value of Reimagining and Redefining Healthcare

The day-to-day management of health plan benefits can be a complex, error-prone, and time-consuming task that all health plan organizations must optimize. We have helped several of our payor clients across the United States deploy a revolutionary framework by automating benefit plan design and management processes. Consider how benefit plan design and management could be reimagined and redefined with automation to drive lower costs, increase agility, accuracy, and improve member outcomes.

How could your day look, if you had all your Benefits (Add, Change, Delete) automated, organized, and reported? No-touch?
We can help you understand the benefit(s) of storing the benefit plan information in a database Source of Truth (SoT) to enable easy access/retrieval for the management, update, and creation of new plans.

Do you know how many Benefit Plans you have for the current year, of which how many are zero-dollar cost-share plans or high deductible plans?
What if there is a way to enable build-in search features for all benefits elements with an easy to export report, available in any format.

Do you have a way to easily/quickly add new benefits or attribute to benefits and update multiple benefits?
What if there is a way to update, for example, 100+ benefits in less than 2 hours; a way to implement mass updates to benefits or criteria-based (small or large) benefits updates.

Do you wish you had a comparison report at the click of a button to show the before and after benefit changes to help with QA and Audit?
A single click provides a side-by-side comparison of benefits before and after image for any QA purposes and includes a built-in date/time/user/version time stamp for every change that was made.

Are you losing dollars on your rebates/spread? Do you need an automated process to reconcile claims against rebates dollars?
GalaxE will help you understand your contract, exclusions, rebates, and spread calculations at a claim level and provides a way to monitor, measure, and forecast your spread and rebates (daily/weekly/monthly/quarterly/annually)!

Are you switching PBMs? Do you know how to manage this end-to-end and guarantee success with zero-member disruption?
GalaxE can show you how to identify and ingest/reverse engineer pharmacy benefit plans from a PBM adjudication engine, then automate and feedback to new PBM for plan build.

The Day-to-Day Management of Health Plan Benefits

In order to revolutionize your benefit plan management, let's address the key challenges and the benefits you could realize for you and your clients

Challenges

- Do you know the number of your current year's Benefit Plans, of which how many are zero-dollar cost-share plans or high deductible plans?
- Do you spend a significant amount of time adding a new benefit or attribute to benefits and updating? How long does it take you to update 1000+ benefits? What if we help you do this in less than 2 hours?
- Can you generate a comparison report at the click of a button that shows the before and after of all benefit changes to help with QA and Audit?
- Are you switching PBMs? How do you manage this end-to-end and guarantee success with zero-member disruption?
- Are you losing dollars on spread/rebates? Do you have an automated way to process reconcile claims against spread/rebates tables and measure performance daily/weekly/quarterly/yearly using claims?

Benefits

- Manage and plan at the outset for predictability in timeframe, cost, and quality
- Metricize and manage risk to member disruption and client satisfaction
- Blue's team scales up for SME expertise and bandwidth
- Leverage synergies to upgrade systems and operational processes including adding automation
- Quicker turnaround time to submit updates to Benefits through the entire cycle including renewals
- Functional and regression testing using an automated process for comprehensive quality control
- Automated Benefits capture and submission to the PBM vendor
- Calculate spread and rebates at a claim level and track contract performance (daily/weekly/monthly/quarterly/annually)

GalaxE's Approach to Comprehensive Benefits Management

When migrating to a new PBM, or making changes to an existing relationship, GalaxE provides end-to-end support for transition of business and technical operations.

- Enable seamless migration for members, providers, payers, and client organizations with proven tools and processes, including the unrivaled GxCapture™ GxCare®, and GxClaims® suite.

- Our proprietary migration, validation, and certification tool - GxClaims® - processes and provides Day 1 assurance of correct adjudication outcomes, along with complete and accurate eligibility, prior authorization, accumulator, and claim history data.

- GalaxE's proprietary tool set alleviates dependency on high-cost labor, while at the same time, increases the overall accuracy, reliability, and auditability of the end product. This not only achieves business objectives but ensures compliance.

gx|capture™

**Intent Capture/
Benefit Designs**
- self service portal
- file interface and exports
- real-time interfaces

1

GxCapture™ is a guided intent capture portal to facilitate onboarding of new clients. Designed to be a configurable and customizable, this web-based system can be used in the field and integrated with a downstream benefits managements system.

→

gx|care®

**Benefits
Management**
- import benefit components
- assemble components
- build plans
- review plan summary
- change reports

2

GxCare® is an automated benefits plan management system for benefit intake, modeling, and cataloging that provides clients simplified benefits access for easier benefits maintenance and complete traceability. Automated benefit certification and benefit reuse are just some of the advantages that will drive increased operations efficiency, accuracy and enhanced speed to market.

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gx|claims®

**Certification and
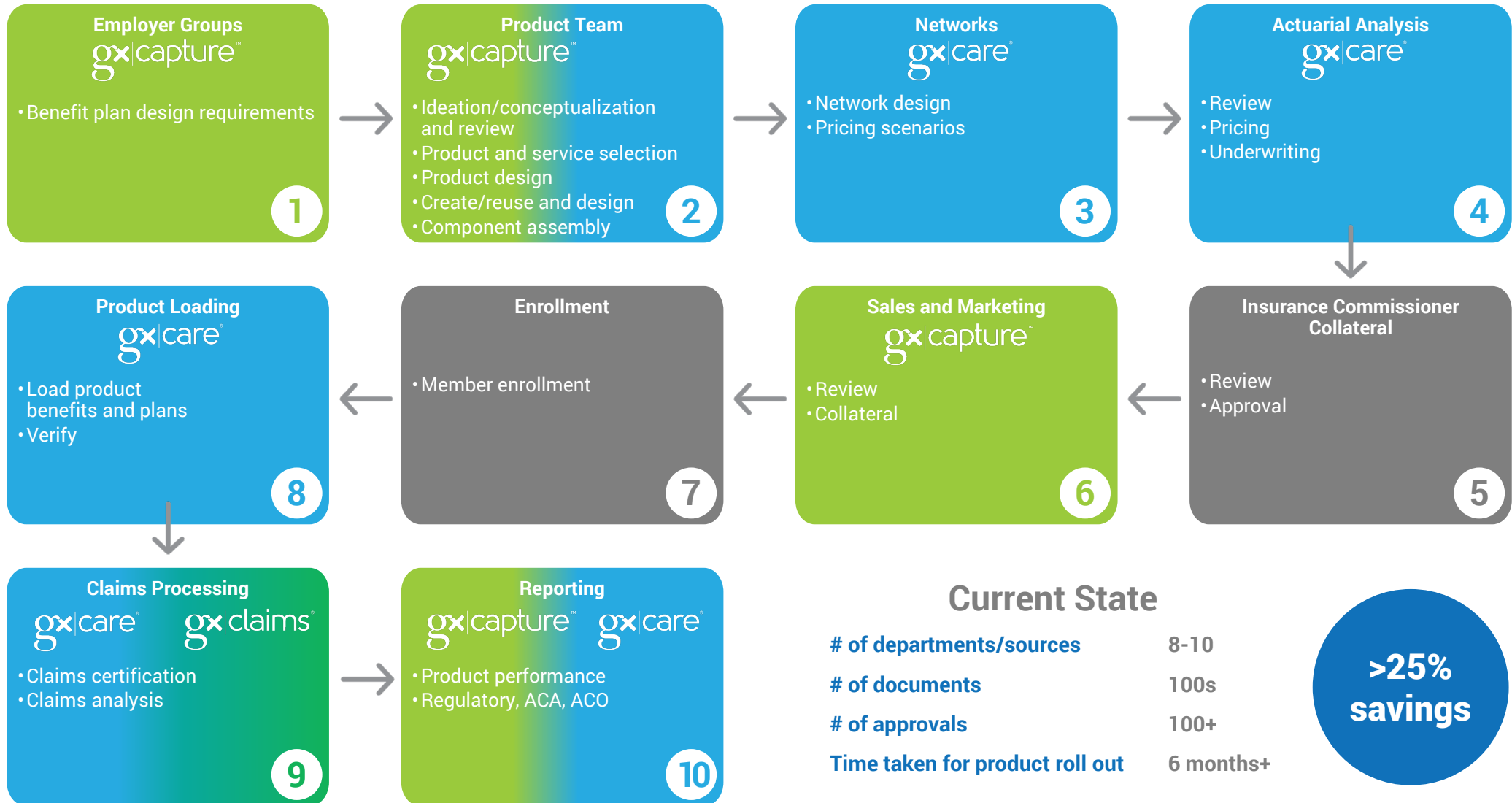Claims Management**
- criteria building
- claims selection
- claims submission
- claims analysis
- reverse tracker

3

GxClaims® is a demographic and clinical selection, benefit plan certification, claim adjudication analysis, and integrated defect tracking process designed to validate claims processing behavior and increase efficiency in identifying root cause for unexpected claims adjudication outcomes.

Increase Your Speed to Market

Optimizing your end-to-end process has proven to save our clients time and money. This approach ensures traceability and reconciliation of claim and invoice data including integration with financial systems, data warehouse, or other operational environments.

Employer Groups
gx|capture
- Benefit plan design requirements

1

Product Team
gx|capture
- Ideation/conceptualization and review
- Product and service selection
- Product design
- Create/reuse and design
- Component assembly

2

Networks
gx|care
- Network design
- Pricing scenarios

3

Actuarial Analysis
gx|care
- Review
- Pricing
- Underwriting

4

Product Loading
gx|care
- Load product benefits and plans
- Verify

8

Enrollment
- Member enrollment

7

Sales and Marketing
gx|capture
- Review
- Collateral

6

Insurance Commissioner Collateral
- Review
- Approval

5

Claims Processing
gx|care   gx|claims
- Claims certification
- Claims analysis

9

Reporting
gx|capture   gx|care
- Product performance
- Regulatory, ACA, ACO

10

Current State

# of departments/sources	8-10
# of documents	100s
# of approvals	100+
Time taken for product roll out	6 months+

>25% savings

gx|capture™ Modernize and Streamline Benefits Management

By adding GxCapture™ to your benefits management process you can achieve greater efficiency and accuracy.

Create a single Source of Truth

Standardize data for future use

Automate Benefits Management

Increase member and group satisfaction

Case Study: Automated Benefit Management Accelerated with Source of Truth

Overview
- Client needed a solution for managing benefits in a way that would enhance operational effectiveness, productivity and accuracy in order to maintain a competitive advantage and provide better features to their clients. The current benefits management system was fractured, inaccurate and time consuming. The new solution needed to establish a source of truth for their benefits catalog (currently residing with their PBM vendor) with the ability to maintain their data in an accessible single location and in a standard format that allowed for future use.

Solution
- GalaxE proposed the use of its proprietary solution, GxCapture™, to enable an automated benefits management process and establish a source of truth for all benefit data. To deploy the solution, GalaxE performed a gap analysis and mapped all benefit database fields from PBM vendor source system to GxCapture™. Benefit plans were then automatically loaded to the new system, ensuring accuracy of mapping and load through an automation QA/QC and certification process. The final step involved a detailed training guide for all client users and training and knowledge transfer for client benefit admin SME.

Highlights
- Established a single source of truth for their benefits data and created a services and code mapping repository for future projects
- Achieved zero degradation in services and system SLAs, reduced benefit defects and increased quality score
- Provided training and tailored training guide to ensure client had best practices in place

How to Drive Value to Your Members and More with GalaxE Benefit Plan Management and Configuration

Streamline Benefit Plan Configuration and Management
Decrease current operation costs by 10-20% through automated benefit plan configuration, management and automated data feed to your PBM of choice.

Drive Member Stability and Retention
Manage pharmacy benefits, including creation and updates, through a master repository, creating a master book of record and your "single source of truth".

Zero Member Disruption Benefit Migration
Complete a seamless and high-quality benefit migration with no member disruption with end-to-end traceability of benefits eliminating pre-adjudication manual errors and post adjudication claims testing with large volume of selected claims including claims mismatch/match reports.

Centralize Pharmacy Benefit Plan Information
Build member retention through a powerful error elimination process that runs off your master repository and transmits benefits upstream and downstream (PBM).

Bring Value to Your Members With Lower Costs and Error Rates
Mine your own data – benefit plan rationalization - and discover benefit commonalities that allow you to consolidate to fewer benefit designs and simplifying your entire benefit management approach.

galax**e**solutions™

We live at the intersection of business consulting, IT consulting and technology products – where data-driven automation is the norm and transformation is more than a buzz word.

GalaxE's healthcare industry expertise is the result of over 31 years of experience partnering with some of the largest health plan and PBM organizations in the world. In that time, we have been privileged to work with several health plan organizations throughout the United States. Our engagements include everything from large-scale PBM transitions and data migrations for one of the most complex health plan organizations in the United States to transformational claim adjudication systems.

GalaxE has been the leader in the seamless integration and transition of PBM solutions; bringing to the mix depth in both PBM and Payer environments.

This experience working with PBM providers and Payer clients provides in-depth knowledge of business processes across both sides of the solution set. This means that GalaxE can provide best-in-class insights on next generation PBM-Payer interactions and innovation and at the same time, support legacy integrations.

**Please contact our benefits management specialist
to find out how GalaxE can help you get started!**

Brian Silvey

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Reference Material
Detailed product recommendations

Self Service Portal to Capture Client Intent

gx|capture™

Solution Overview

GxCapture™ is a guided intent capture portal to facilitate centralizing, managing, creating and onboarding of new client benefit plans

Portal to Capture Client Intent

- Configurable and customizable guided intent capture
- Web-based to be used in the field
- Direct capture of intent
- Enables end-to-end traceability starting with capture and storage of intent
- Integrated with downstream benefits management system

Leverages Core Sub-Systems

- GxCapture™ provides required turn-key capabilities by using a set of core sub-systems, which when used in tandem provide flexibility in defining questionnaires, responses, governing business rules and associated workflows
- Sub-systems have been designed to allow for integrations at the boundaries of each sub-system using services, and with loose coupling, to support different implementations that take advantage of advances in technology and client specific environments

Unique Differentiators and Value Proposition

GxCapture™ provides an innovative solution for the time-consuming problem of benefit plan management and is designed to efficiently capture and store benefit plan components

Greater Transparency with Direct Access to Client Information

- By leveraging a data fabric and a data management framework to transform and load information, GxCapture™ assists in attaining the objective of greater transparency with direct access to client information

Increased Efficiency and Accuracy

- The web-based portal results in the reduction or elimination of communication errors
- Also leads to a reduction in the overall operational costs it takes to capture all client requirements

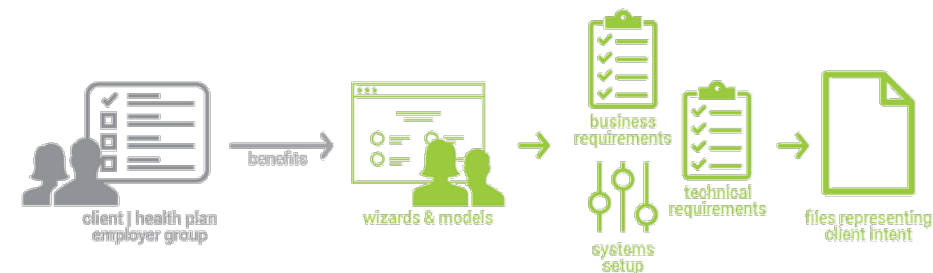## Performance Metrics

91%
increase in efficiency through use of automation

86%
reduction in errors, reducing performance penalties

100%
traceability between client intent and benefit setup

Schematic

client | health plan employer group → benefits → wizards & models → business requirements / systems setup / technical requirements → files representing client intent

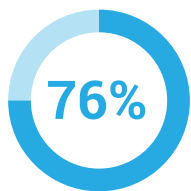# Medical and Pharmacy Benefits Management Application

Solution Overview

GxCare® is an automated Benefits Plan Management system for enabling benefit plan translation, modeling, cataloguing and transfer to target PBM adjudication system
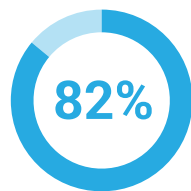
Key Features

- **Benefit Plan Management** - collects, interprets and analyzes plan data to develop a road map for long-term sustainability
- **Formulary Management** - streamlines processes
- **Benefit Plan Design** - increases quality and efficiency of plan design and reduces number and volume of manual and administrative tasks
- **Error Reduction** - reduces costs and error rates arising from coding, typing or translation in the manual process and delivers a high degree of predictability and accuracy in plan performance
- **Speed to Market** - facilitates rapid speed to market including the capability to support multiple iterations of design, analysis, testing and certification, feedback and redesign
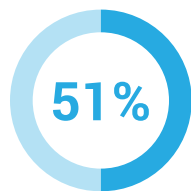- **Adjudication System** - externalize the adjudication system's plan design structures and behavior

Unique Differentiators and Value Proposition

Designed to be scalable and flexible with rules driven translations Gx and benefit loading, GxCare® provides greater accuracy, efficiency and enhanced speed to market

Dynamic Capabilities

- Ability to model the result of the client's intention and transform a product definition to implementation on a PBM's adjudication engine
- Used by all users of the top claims engine in the PBM environment and works for the top custom COBOL engine
- Works better than FJA and has been used to fix issues arising out of FJA

Extraordinary Depth

- Record type repository and dictionary (>400 record types)
- Modelling using historical claims (using GxClaims®)

Versatility

- Complete codebase for RxClaim and variants and those of other top PBMs
- Documentation: Process handbook, training material, marketing collateral, engagement and deployment model
- Record type library and maps into specific adjudication engines

Benefits

- Involves client in their clients' product development

Performance Metrics

76%
increase in efficiency through use of automation

82%
reduction in errors reducing performance penalties

51%
decrease in the turnaround time to clients on benefit queries

Schematic

configuration benefits

history | claims accumulation | eligibility

claims adjudication engine

clients | audit | OPS

Medical and Pharmacy Benefits Management Application

gx|claims®

Solution Overview

GxClaims® is a demographic and clinical selection, benefit plan certification, claim adjudication analysis and integrated defect tracking process that is designed to validate claim behavior and increase efficiency in identifying the root cause for unexpected claim outcomes.

Features:

- Define, test and validate claim behavior within an adjudication system for demographic and/or clinical scenarios
- Augment targeted scenarios with randomly selected claims data providing for breadth and depth of testing
- Compare and analyze claim outcomes across source and target benefit plans or adjudication systems
- Integrate claim analysis with benefit plan configuration
- Profile claim outcomes with bulk tagging and tracking capability
- Comprehensive QA to support high volume

Unique Differentiators and Value Proposition

GxClaims® brings to the industry new innovation, methodologies and automated tools that select, analyze and validate claim behaviour and data to provide traceable end-to-end audits

Dynamic Capabilities
- Spans medical and pharmacy benefits, solving for the combination scenarios and which historical claims will help certify
- UI driven, does not require coding or scripting of queries
- Bi-directional traceability of intent all the way to implementation and adjudication performance

Extraordinary Depth
- Pattern match engine for claims adjudication behaviour
- Predictability of pricing performance
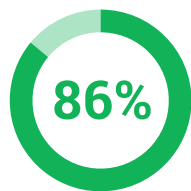- Predictability of payout performance

Versatility
- Complete codebase for RxClaim and variants and those of other top PBMs
- Documentation: Process handbook, training material, marketing collateral, engagement and deployment model
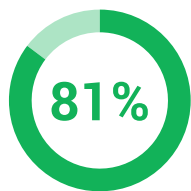- Pattern library

Performance Metrics

100%
end-to-end audit ready traceability

86%
reduction of time to identify and prepare test transactions/claims

81%
increase in efficiency in identifying root cause of unexpected claims and transaction outcomes

Schematic

claims adjudication engine → selector → analyzer → expected differences / issues / certified systems / post go-live certification → reverse engineering