



# Revolutionize Benefit Plan Management

# 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

Complete a seamless and high-quality benefit migration with no member disruption with:

- E2E Traceability of Benefits eliminating Pre-adjudication manual errors
  - GxClaims® based thorough Post adjudication claims testing with large volume of selected claims
- Claims mismatch/match reports
- Detailed Triage Report and support in resolving issues



## 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.

# PBM Benefits Migration and Data Migration

One of the largest and most complex health plans in the family of “blue” organizations (~1.5M lives) needed to migrate a PBM with very complex, multiple lines of business and multiple jurisdictions with minimal or zero disruption to access to care.

## Our Solution

- Create single source of truth for benefits
- Parallel migration phases for multiple jurisdictions using automation
- Services to integrate with Claims platforms
- Benefits QA/QC and provider Integration
- Regression and certification of benefits

## Benefits

### **Project delivered in ~12 months with 25 resources**

- Zero-member disruption, steady call volume from member/providers, reduced claims pend rates thru adjudication logic changes and PPE edits at claims gateways
- Achieved lowest member integrated accumulators out of sync-OOS rate of <2
- Increased system quality score and lowered business impact
- Increase automation by **35%** to reduce cost and faster time to market



# PBM Benefits Migration and Data Migration

Medium sized health plan organization with some complexity (~500K lives) wanted to maintain world class claims first pass rate (FPR) while migrating 500k+ lives to another PBM. They also to help a Payer maintain their MTM and have zero impact to member/provider groups.

## Our Solution

GalaxE deployed GxCapture™ to configure and automate the benefit migration process. GxClaims® was then used to test and certify to ensure accuracy of migration and eliminate member disruption. Established automation for benefits QA/testing framework with requirements/intent driven approach. This fully automated solution allows the client to manage their own pharmacy benefit plan and easily migrate from from one PBM to another.

## Benefits

### Project delivered in ~7 months with 18 resources

- Established a single source of truth for their health plan data, services and code mapping Repository for future projects
- Increased operational FPR to 96%, reduced effort and re-work reduction (cost avoidance)
- Achieved zero degradation in services and system SLAs, reduced benefit defects and increased quality score



# PBM Benefits Migration and Data Migration

Small and less complex health plan organization (~100K lives) needed comprehensive coverage and testing on 100K+ lives migration with zero impact to members, and wanted to deliver value to clients by reducing costs and increase speed to market

## Our Solution

GalaxE deployed GxCapture™ to configure and automate the benefit migration process. GxClaims® was then used to test and certify to ensure accuracy of migration and eliminate member disruption. This fully automated solution allows the client to manage their own pharmacy benefit plan and easily migrate from from one PBM to another.

## Benefits

### Project delivered in ~5 months with 10 resources

- Delivered zero impact to customer service, enrollment performance measures, system quality scores
- Developed 15+ test plans across all impacted systems, including 5,000+ test scenarios - delivered a 98% test effectiveness
- Identified 100+ issues resolved in a record 2 months, reduced effort and re-work reduction (cost avoidance)

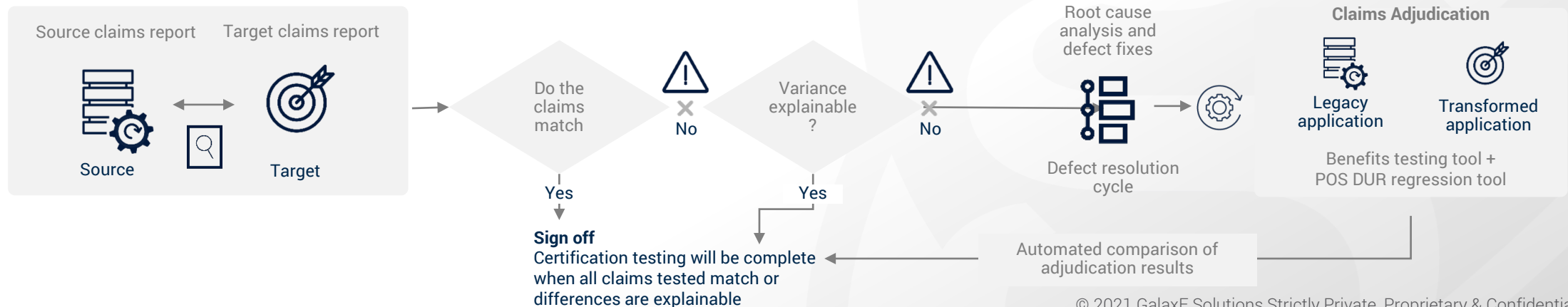


# PBM Benefits Migration

Large and complex Blue Organization was looking for a seamless PBM transition. GalaxE was tasked with developing and enforcing data validation processes specific to Client needs. We provided support for business activities to ensure the correct setup and validation of all data exchanges and performed benefit validation set up through defined scenarios and associated claim selection. Finally, the team defined metrics and success criteria necessary to project objective evaluation of migration readiness.

## Our Solution

- Plan Set up
  - Traceability from CRD/Scenarios to RxClaim plan setup
  - Scenarios to cover included pricing, formulary/drug lists, copay, BPG >CAG > plan and eligibility, pharmacy networks, speciality, clinical programs
  - Validate certification test results
- Benefit Plan
  - Prepare test claims – leveraging Healthplan A database and Client SMEs to expand test scenarios gleaned from CRD review, we selected claims matching scenarios profiles for comprehensive benefit plan testing
  - Adjudicate test claims – generate Healthplan A as submitted test claims for adjudication via RxClaim and compared to as adjudicated claims
  - Analyze results – compare outcomes, identify and correct issues leading to disparate and unexplainable outcomes, produce validation reports and track, manage and resolve defects in an iterative validation process
- Claims and PA
  - Claims and PA – volume load vs source system counts, exception reporting from load process with defined fallout threshold, comparison of data loaded vs data transmitted – define reasonable sample volume, certification testing
  - Additional Prior Auth – Scenarios include Member PA, Group PA, Drug List PA, Clinical Programs
- Accumulators
  - Define sample of applicable member and/or plans
  - Scenarios include threshold scenarios (member, family max out of pocket) and operational scenarios (paid, reject, reversed claims and end of period reset)



# Partner Support and SOA Development

Large Blue organization needed a new member web portal for users to access Member Eligibility Benefit Data, Member Claims Data, HIPAA Data, and Medicaid Eligibility Benefit data via EDI 270/271 Transactions.

## Our Solution

- Membership service new composite service utilizing three (3) production services (Determine Contract Eligibility, Locate Eligibility History, Group), one (1) defined service (Person), and one (1) defined data store (MOS Data store) and one (1) undefined data store (Local Data store)
- Member Management update the existing service to add BCN as a backend, add one (1) additional defined service (Person), add one (1) undefined data store (offline data store to hold information if backend is unavailable)
- Claims new composite service utilizing two (2) production services (Claims Summary and Claims Detail), two (2) defined services (Person and Provider), one (1) external service (Medco), three (3) data stores (Heritage Vision, VSP Vision, and procedure and diagnosis codes ODS)
- Retrieve Member Totals 5.0: Continuation of a service that will incorporate all code from RMT 4.0, and a new backend (NASCO Accumulations Solution) that will introduce Benefit Level Totals. This will also introduce a new schema that will have the concept of “infinite buckets, thus negating consumer changes for future accumulation enhancements.
- Coverages 1.1: Continuation of an existing service that will introduce a new backend (Online Benefit Inquiry). The majority of the service will pull information from this service. Medicare Advantage information will also need to be incorporated into the service from the old code base (v1.0)

## Benefits

Designed and developed IBM Websphere based SOA Services for Member Web Portal that accessed data simultaneously from multiple sources including:

- NASCO (via MQ/Interact)
- Global Med D Service Provider (Medicare)
- BCN (Blue Cross Network)
- PBM
- DNoA (Dental)



# PBM Migration

A \$35B health plan with 17M+ members and 266K groups across 100K plan sponsors was transitioning to a new PBM with a goal of minimal member disruption. A manually coded custom solution was in development, however it could not respond to the constantly changing requirements as results from sample claims showed differences in how the two adjudication systems processed claims. With the source adjudication system as the “system of record”, there was growing concern that benefit rules could be missed. Due to the differences in the way strategies were defined in the source adjudication system versus plans in the target adjudication, the migration would have required over 40,000 plans to be coded.

## Our Solution

- GalaxE used GxCare™ to map the benefits from the source system to RxCLAIM™ through the deployment of an automated plan migration solution. Development of the manually coded custom solution was halted.
- GalaxE used GxRay™ to identify elements and values for active strategies not yet accounted for in the mapping rules
- GalaxE used GxClaims™ to do certification testing of 100’s of thousands of historical claims. Claims were processed, compared, and re-processed over and over until all claim differences were either addressed through mapping rule updates, system setup, or marked as expected differences.
- GalaxE recommended modifications to RxClaim™ that provided for increased sharing of plan components resulting in plan consolidation and fewer plans needed in RxCLAIM™

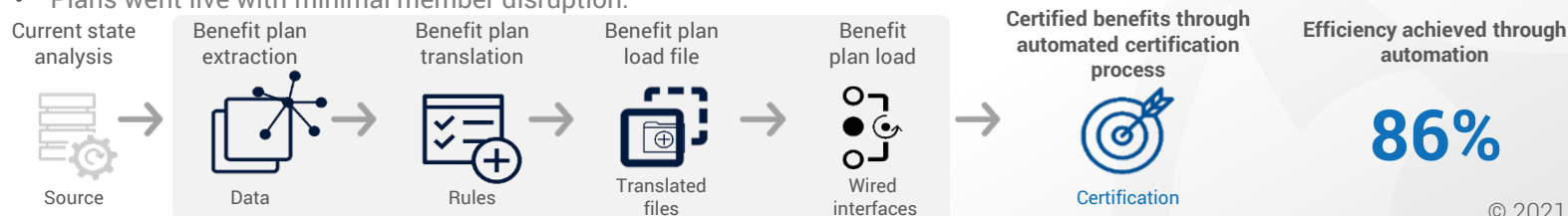
## Benefits

- The business mapping rules were defined in GxCare™, a highly configurable tool, enabling seamless implementation of automation from source to target system.
- During testing and certification, configuration updates could be made easily ensuring accuracy, efficiency and scalability. Plans could be rebuilt and reloaded quickly, eliminating errors frequently caused by manual updates. This significantly reduced the amount of manual intervention required, generating savings as well as ensuring consistency across all plans.
- GxCare™ built-in features such as the Compare Report, which compares results before and after changes are made, allowed GalaxE to make changes quickly and provide assurance that the changes were deployed as intended.
- Because the new functionality for sharing plan components was effective dated, future updates did not require new plan codes (eliminating impact on upstream/downstream systems) or coordinated promotions to production systems.

## Results

- Eliminated 96% of incremental headcount in number of benefit coders required
- Consolidation reduced the overall number of plans required down to 20,000.
- Plans went live with minimal member disruption.

### Automation vs. Manual





# Thank you!



ray<sup>™</sup>  
maps<sup>™</sup>  
dash<sup>™</sup>  
infra<sup>™</sup>  
engage<sup>™</sup>  
quality<sup>™</sup>  
prime<sup>™</sup>  
trace<sup>™</sup>  
wave<sup>™</sup>  
capture<sup>™</sup>  
care<sup>™</sup>  
claims<sup>™</sup>