



Pharmacy Benefits Transition and Member Services Update

December 2021



Summary

All performance guarantees have been met or exceeded by CVS Caremark

Member satisfaction is at 2% over member service target of 90%

Smooth transition overall

101,055 members served and 411,849 total claims filled since July 1, 2021.

Member impact has been minimal.

Although there were some member transition escalated issues, the Statewide Benefits Office is working through those on a case-by-case basis to come to resolution.

Customer Care

Calls into Customer Care continue to decrease as members learn their benefits

Members do not have any discernable wait time when they call CVS Caremark

14,285 Total calls since implementation

2.5 seconds Average speed to answer

Prior authorization and denials

Trends have decreased in volume since July 1, 2021:

Appeal denials have not been higher than 0.05% of paid claims since July 2021.

Denials represented only 0.69% of all claims in July 2021 and steadily decreased to a low of 0.3% of all claims in October 2021.

Although some recent Prior Authorizations denials or appeals resulted in some member concerns, the plan provisions are working by reviewing claims for clinical efficacy.

Dispense As Written (DAW)

DAW penalties are a plan design option that the state utilizes to control trend and spend

There have been some penalties for members who are taking a brand when a generic is available are paying a penalty.

However, this represents a small percentage of claims with a high of 0.27% claims, and it continues to decrease as members transition to generic medications as the plan intends.



Key Metrics At-a-glance

Experience Period: July – November 2021

Eligibility

Average Eligible Members Per Month	101,055
Avg. Monthly Utilizers as % of Members	36.7%

Cost

Total Gross Cost	\$69,027,028
Total Net Cost	\$64,955,022
Gross Cost PMPM	\$136.61
Net Cost PMPM	\$128.55
Member Cost Share	5.9%

Drug mix

Generic Dispensing Rate	77.7%
Generic Substitution Rate	97.5%

Utilization

Total Prescriptions	411,849
Retail % of Total	93.8%
Mail % of Total	4.9%
Days' Supply PMPM	35.54

Specialty

Specialty Total Gross Cost	\$27,201,094
Specialty Total Net Cost	\$26,926,314
Specialty Gross Cost PMPM	\$53.83
Specialty % of Total Gross Cost	39.4%
Specialty % of Total Prescriptions	1.2%
% Specialty Member Cost Share	1.0%

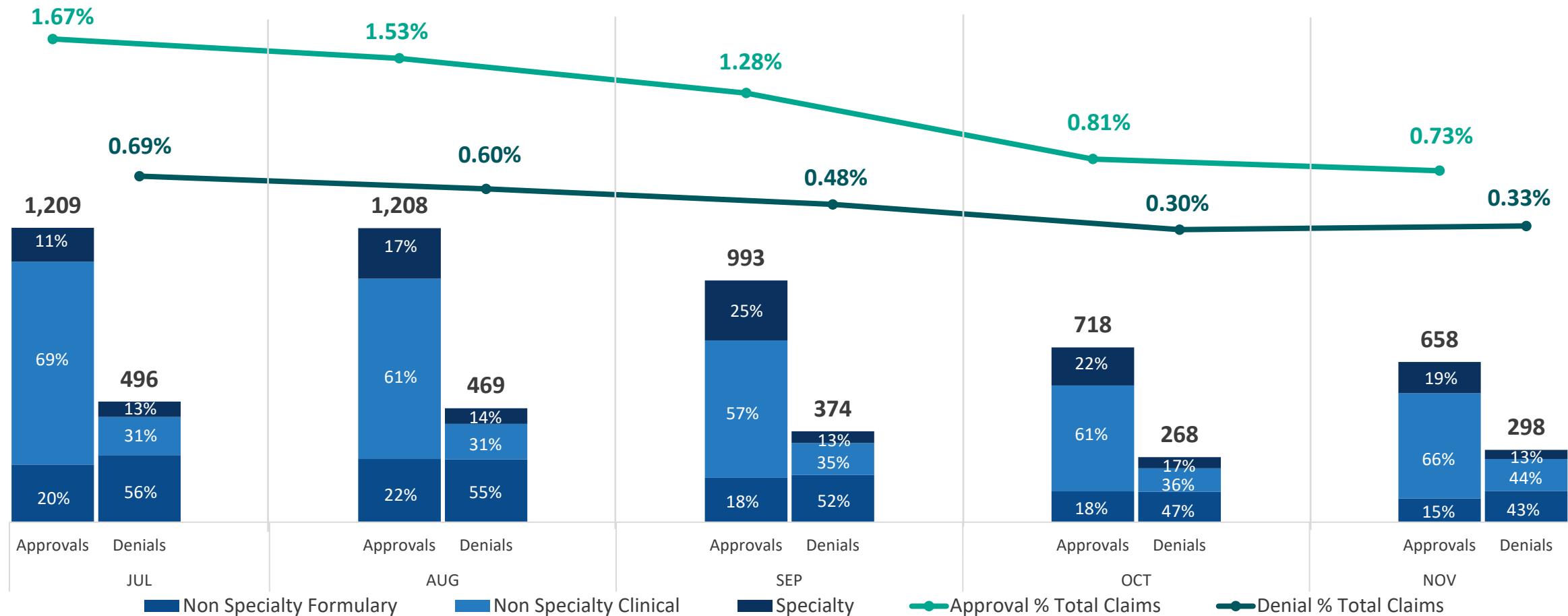


Formulary & Utilization Management

- Formulary Management & Strategy
 - Cornerstone of cost containment and quality oversight
 - Keeps Plan ahead of marketplace trends
 - Ensures members access to clinically appropriate, cost-effective medications
 - Evaluated regularly and is different across Pharmacy Benefit Managers
- Utilization Management – Reasons for Prior Authorization
 - Lower cost generic/brand medications available
 - Medication is known to have side effects and/or be misused
 - Additional steps are needed to ensure medication will be effective

Prior Authorization Trends

Approvals and Denials by Month

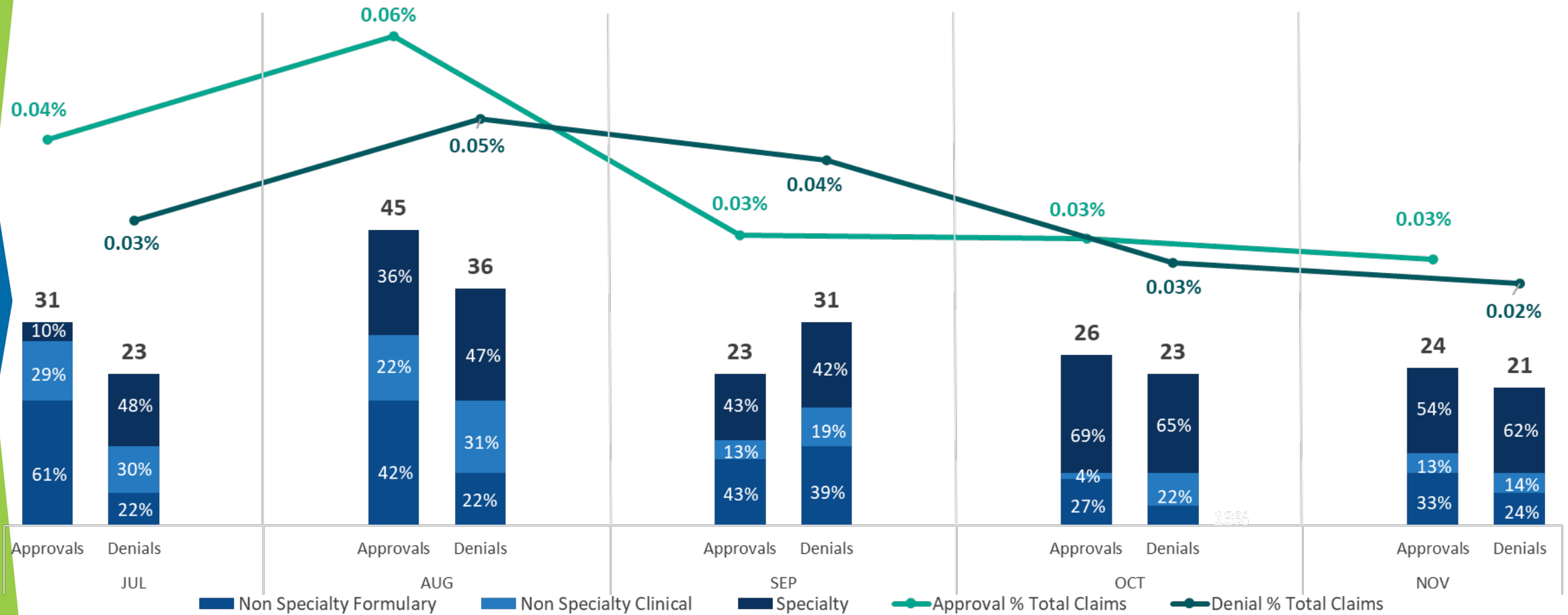


[1] Non-Specialty Formulary PAs are PAs requests due to a formulary exclusion. Non-Specialty Clinical PAs are PA requests due to clinical programs. The Specialty PA category included any PA requested for a specialty drug.. [2] Does not include PA category "No Response".



Prior Authorization Trends

Appeals, Approvals and Denials by Month



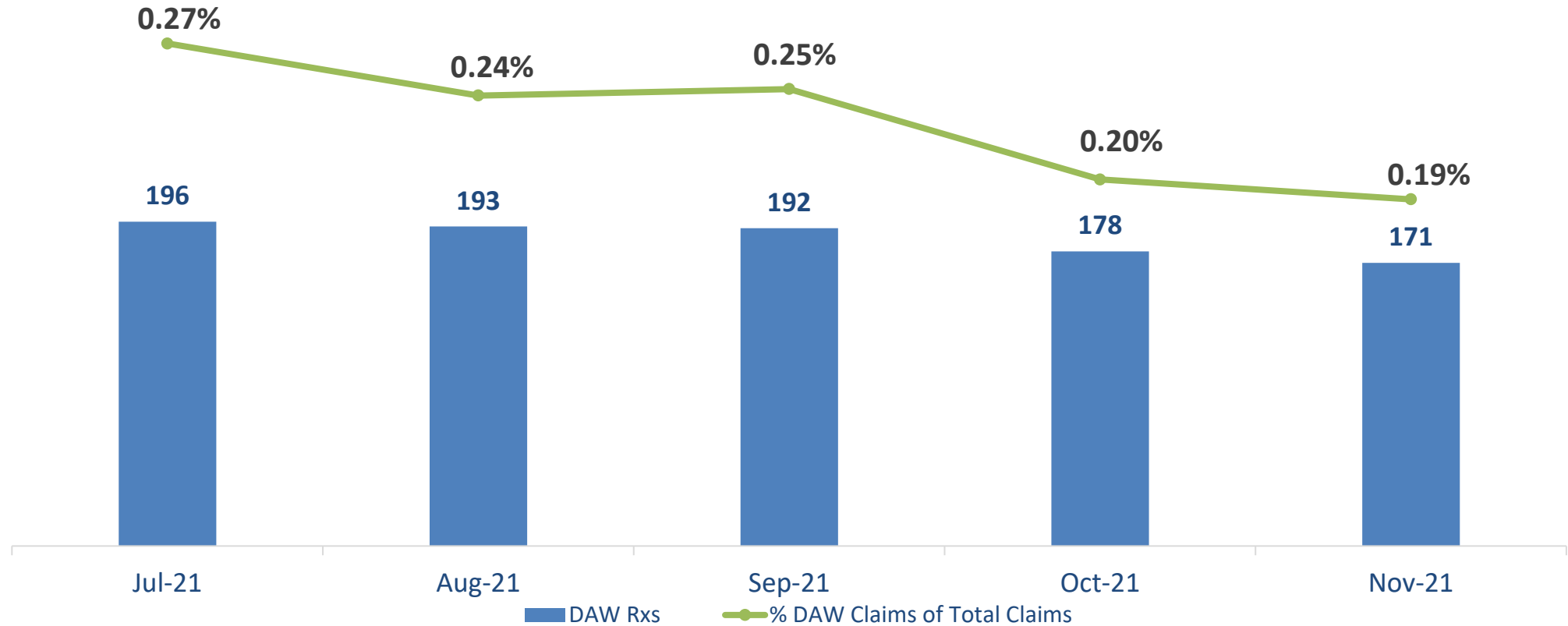
[1] Graph shows total of appeals level 1 and level 2

[2] Does not include PA category "No Response"



Dispense as Written (DAW) 1 and 2 Penalties by Month

930 claims with a DAW penalty 1 or 2 representing only 0.23% of total claims since July 2021



[1] DAW penalty 1 and 2 where a member paid a penalty are included in this analysis. [2] DAW 1 is generic substitution not allowed by prescriber. DAW 2 is defined as member requested brand product dispensed.



Next Steps

- Continue to serve as a Point of Contact for escalated issues
- Work closely with CVS to identify areas where additional education and provider outreach will reduce member complaints
- Where appropriate, SBO and CVS are applying lessons learned to the EGWP Medicare implementation
- For both the commercial and EGWP populations, SBO will continue to communicate information and updates to partners in the Office of the Governor, Pensions and to members of the General Assembly

Thank You



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Appendix



Member Satisfaction Dashboard

92%

Overall satisfaction
2% over 90% target

95%

Mail service
pharmacy

93%

Caremark.com

90%

Automated
phone system

96%

Retail pharmacy
Includes CVS
Pharmacy and other
retail pharmacies
utilized
by members

91%

Customer Care
representatives

95%

Mobile app

91%

Member
communication



Member comments

- ““ The coverage was the same, and it is cost-friendly. I am very happy with that. There was no inconvenience. ””
- ““ I am very happy with CVS answering all my questions about my prescriptions. ””
- ““ We are new to the service, and I gave a 4 because I was new to the whole online thing. I was happy when we were going on vacation, and CVS took care of all our medication. We were very grateful. ””
- ““ I appreciate that they let me know about prescriptions that were not covered by the new plan and what medications would be substituted for them. ””



Customer Care statistics

Date	CCR NCO	NCA	ABN>30	%ABN>30	ATT	ACW	HOLD	AHT	ASA
May 2021	33	33	0	0.0%	393	17	9	419	3.4
Jun 2021	906	896	6	0.7%	421	35	15	470	11.7
Jul 2021	4,547	4,547	0	0.0%	513	16	121	650	1.2
Aug 2021	2,849	2,845	2	0.1%	491	13	107	610	0.5
Sep 2021	2,356	2,353	3	0.1%	462	8	112	582	2.6
Oct 2021	1,989	1,985	3	0.2%	478	12	140	631	3.3
Nov 2021	1,605	1,602	1	0.1%	468	9	101	577	3.7
1st QTR	0	0	0	0.0%	0	0	0	0	0.0
2nd QTR	939	929	6	0.6%	420	34	14	468	11.4
3rd QTR	9,752	9,745	5	0.1%	494	13	115	622	1.3
4th QTR	3,594	3,587	4	0.1%	473	11	123	607	3.5
YTD Summary	14,285	14,261	15	0.1%	484	14	110	608	2.5

Column headings

CCR NCO	Number of calls offered from the IVR to a Customer Care Representative.
NCA	Number of calls answered by a Customer Care Representative.
ABN>30	Number of calls abandoned at 30 seconds or greater.
%ABN>30	Percent of calls abandoned at 30 seconds or greater.
ATT	Average Talk Time - the average time, in seconds, engaged in conversation with a member. Excludes hold time and after call work.
ACW	Average After Call Work - The average time, in seconds, used to wrap up any activities associated with the call.
HOLD	Average Hold Time - The average time, in seconds, spent on hold during the call.
AHT	Average Handle Time - The average time, in seconds, of Average Talk Time + the Average After Call Work + the HOLD time.
ASA	Average Speed of Answer - The average time, in seconds, it takes a Customer Care Representative to answer a call.



Monthly plan cost by channel

Experience period: July – November 2021

