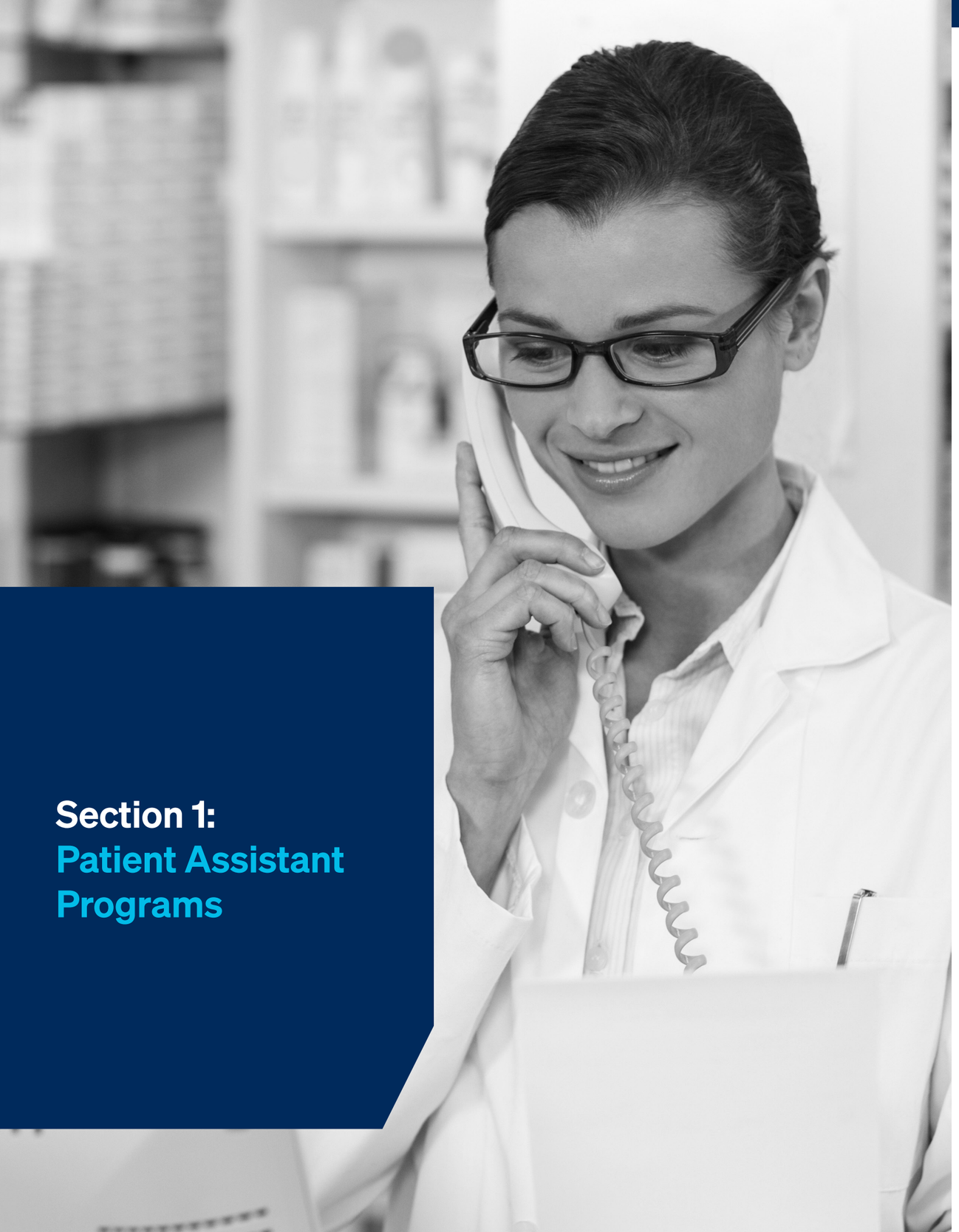
Stealth Sentinel Solutions Companion Guide

stealth™
PARTNER GROUP

An Amwins Company

Table of Contents



Section 1: Patient Assistant Programs

Patient Assistance Programs

The Stealth Targeted Patient Assistance Program (PAP) and the Stealth Supplementary Patient Assistance Program is an alternate funding solution for all eligible specialty drugs covered on the health plan. Stealth/Amwins Rx identifies funding from manufacturers, philanthropic associations and other sources for high-cost Specialty and Branded medications. Our team coordinates with the existing Pharmacy Benefit Manager (PBM) to determine whether there is funding for specific drugs and works with the plan, patient and funding source to dispense the drug.

Our Supplementary PAP is implemented by a team of compassionate pharmacy technicians who guide members and serve as a consistent point of contact for the current specialty provider.

Targeted Patient Assistance Program

Our Targeted PAP focuses on a single drug. This allows plans to take advantage of alternative funding sources for a specific drug without having to change their current PBM. This unique tool provides an opportunity to access alternative funding sources for targeted high-cost drugs with minimal plan design changes or re-contracting.

You will find value in our program through:

Targeted PAP addresses specialty and non-specialty drugs

- Reduces plan & member costs by maximizing assistance funds for brand name specialty and select non-specialty drugs from pharmaceutical manufacturers
- Identifies eligible members and reports savings captured and plan/member impact
- Incorporates non-specialty medications that can incur significant plan costs

Supplementary Patient Assistance Program

Our Supplementary PAP expands upon our Targeted PAP by addressing multiple high cost specialty and non-specialty medications.

You will find value in our program through:

Supplementary PAP adds value without disruption

- Re-contracting or RFP usually not required
- Can be implemented with current procceses in place
- Ease of implementation and administration
- Tracking and reporting of member status
- Detailed monthly reporting shows true financial impact of program

Case studies: actual patient savings realized by Stealth/Amwins Rx clients

Medication Name	Reason for Use	Plan Annual Savings
Strensiq	Hypophosphatasia	$1.73M
Idelvion	Hemophilia	$500,000
Tasigna	Cancer Medication	$154,659.72
Gilenya	Multiple Sclerosis	$118,233.24
Biktarvy	HIV	$38,432.00

Section 2: Implementation

Patient Assistance Programs

If the drug is identified as having available assistance the following criteria are considered to determine eligibility:
- Number of members in the household
- Gross Household Income compared to Federal Poverty Level (Guidance fluctuates based on drug manufacturer)

How are members identified?

1. Member Identification
   a. Stealth identifies a high cost drug claimant and reaches out to PAP to see if the drug has assistance available
   b. A group shares a claims file preferably in our layout(Data Layout for Cost Containment Analysis)
      i. If a group cannot complete in our layout, we need the following data at a minimum:
         1. NDC drug code
         2. Plan Cost/Ingredient Cost
         3. Basic member identifier

2. The PAP team generates a Sample Client PAP Analysis within 7-10 business days and includes information on potential savings for all drugs that are identified as eligible.

3. Plan determines which drugs to include based on analysis

4. PAP team asks for a full claims file in order to begin implementation

5. PAP team uses the claims file to pre-fill the Demographic Information Request document which identifies members that we will make outreach and attempt to qualify.
   a. If a member does not qualify the plan language protects these members so as long as they cooperate in determining eligibility, if they are ineligible the drug is covered under standard benefit

No data exchange happening today. Reports are transmitted via secure email.

Paperwork Requirements

Group Responsibility
- Sample Recommended Plan Language/Summary Plan Description (SPD) Language
- Business Associate Agreement (BAA)
- Non Disclosure Agreement (NDA)
- Data Layout for Cost Containment Analysis
- Sample Client PAP Analysis
- Demographic Information Spreadsheet

Member Responsibility
- Pre-Sale Screening Questionnaire
- General Screen and Intake Form
- Authorization Form

Discovery Process

1. Complete Pre-Sale Screening Questionnaire

2. Amwins will submit this information to the manufacturer to evaluate eligibility

3. If eligibile, PAP team makes outreach to the client and broker to confirm moving forward. The client should notify the member of forthcoming outreach and provide the PAP representative with a date and time that is appropriate to make member contact.

4. The group will provide plan members with a 60 day notification of material plan modification.

5. If the member is eligible, the PAP representative will reach out to the member to confirm the member authorizes the PAP representative to have direct communication with the manufacturer on his or her behalf. If confirmed, the PAP representative will complete the General Screen form and General Intake form during the call.

6. The PAP representative works with manufacturer to complete an application and verify financial documentation needed from member.

7. The PAP representative reaches out to member to obtain financial documentation required.

8. Once received, the PAP representative reviews and submits the documentation to the manufacturer.
   a. The manufacturer may reach out for additional information during the application review.
   b. The PAP representative coordinates any additional information needed.

9. The approval process generally takes 4-12 weeks to complete.

Member Experience

1. Once approved, the PAP representative will coordinate with the manufacturer for delivery of medication.
   a. The drug will not be excluded through the plan until the member has received and successfully administered the first dose of the medication from the manufacturer.

2. The PAP representative reaches out to the member to confirm the medication received from the manufacturer was received and accurate.

3. The manufacturer continues to mail the medication directly to the member during the term of approval.

*Approval either follows a calendar year or plan year. Mid-year/Mid-benefit updates only occur if the member becomes eligible for government subsidized program.

*The PAP team works with current members to renew them each year.

Billing

Amwins Rx Admin fee = 25% of Ingredient Cost (AWP - X% Discount with PBM relationship)

Billing occurs only when a member is successful in obtaining manufacturer assistance. The bill is generated monthly.

Communication

- General Announcement for Open Enrollment
- Member Welcome Letter the plan can provide to any member that is taking a targeted drug

Reporting

- Reporting is embedded in the monthly billing statements
- Quarterly/Annual reporting is created as requested to outline savings achieved

Contact Information

For questions relating to this program, please contact your Stealth representative.

Section 3: Medliminal Post-Pay

Medliminal Post-Payment Integrity Solutions

Medliminal offers clinical and operational expertise in delivering a solution to reduce healthcare costs for all payers. Their Post-Pay Medical Compliance Review is designed to help you recover improper payments and control fraud, waste and abuse.

Medliminal leverages its experience and expertise to provide this industry-leading solution that:

- Reduces overall spend by providing medical bill compliance review, ensuring services are compliant and in accordance with CMS guidelines, hospital chargemasters, common use policies, and pay policies.
- Provides proven savings opportunity using their proprietary system, known as H-CAT. The findings by H-CAT coupled with experienced nurses have been proven to be 99.9% accurate.
- Collaborates with providers in order to optimize savings and quality of care. The professional process allows Medliminal to develop and maintain open and ongoing communication with providers. Investing in relationships by providing practitioners with the tools needed to successfully manage billing practices, as well as ongoing education and communication has proven to create success.

The goal of the post-pay program is to identify and recover overpaid claims. Claims in excess of $40,000 are sent to Medliminal for review under this service.

Services include:

- Inpatient Hospital Bill Review
- Overpayment identification and validation
- Negotiation and Recovery with facilities

Claims Recovery Process:

- Once your TPA identifies a claim in excess of $40,000, they will send the EOB, UB-04 and Itemized Statements for that claim to Medliminal
- Medliminal performs claim review at the line-item level to identify billing errors and overpayment
- Medliminal negotiates recovery of overpayment with the facility
- Facility signs a letter of agreement which includes language to prevent balance billing the member
- Facility issues overpayment as either a refund check or submits a corrected claim

Successes:

- Award-winning software, H-CAT, consistently identifies up to 49% in savings above and beyond competition on claims submitted.

Paperwork Requirements

Medliminal Services Agreement (Includes Non-Disclosure Agreement and Business Associate Agreement) – ***Client Signature Required***

Appointment of Fiduciary – ***Client Signature Required***

Data Integration

Third Party Administrator representative will work with the customer to coordinate data extract requests on behalf of the client by gathering requirements, submitting the request for analyst review, and facilitating discussion with internal staff and external data recipients.

You will find a document listing all required elements to include for data transfer. The items highlighted purple are required fields.

Billing

Medliminal retains 30% of the realized recovery. The remaining 70% of recovery is sent to the Stop Loss carrier for distribution. The Stop Loss carrier applies the recovery to the appropriate recipients, paying the last payer first, making them whole, prior to paying the next payer.

Example – Scenario:
A group has a $50,000 Individual Stop Loss (ISL) level

A member has one claim paid in the amount of $300,000
- First Payer: The group covered $50,000 (ISL)
- Second Payer: The stop loss carrier covered $250,000
- Third Payer: The reinsurer covered $50,000

The group has not breached Aggregate Stop Loss (ASL)

Recovery:
Medliminal reviews the claim and recovers $200,000 of the $300,000 charged.

Medliminal retains $60,000 (30%)

Medliminal sends the remaining $140,000 (70%) to stop loss carrier.
- Stop loss carrier retains the $140,000

Claims

Medliminal requires the following to research and recover funds post-pay:
- Itemized Statement
- EOB
- UB04 Needed for Post Pay

Medliminal requires the facility/provider to complete a Settlement Agreement that states the member will not be balance billed.

Your TPA will identify claims for review and send pertinent information to Medliminal. When funds are recovered, stop loss carrier will determine the distribution of recovered funds and disburse accordingly. Stop loss carrier will notify the TPA of the claims recovery.

If a recovery is received following the settlement of the contract period in which the original claim was paid, the money will be applied to the current year contract and will not impact the prior year settlement.

stealth PARTNER GROUP

An Amwins Company

stealthpartnergroup.com