Innovative Contracting: One Company's Attempt



IHE Innovative Approaches to Industry-Payer Agreements:

Payer Perspectives

April 3rd, 2011
The Fairmont Hotel Vancouver
Vancouver, British Columbia

Ambrose Carrejo, Pharm D.

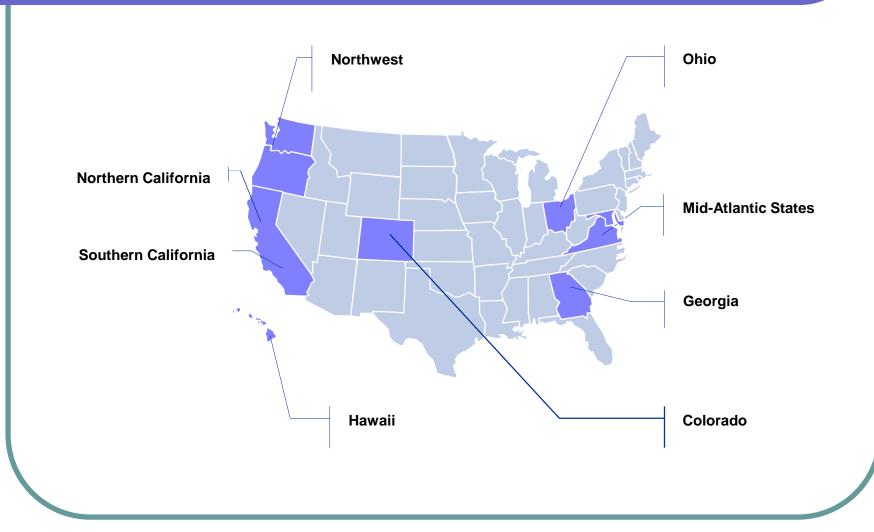
National Pharmaceutical Contracting Leader, Kaiser Permanente

Kaiser Permanente's Mission

 Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve.

- Kaiser Foundation Health Plan, Inc
- Kaiser Foundation Hospitals
- The Permanente Medical Groups

Kaiser Permanente Regions



Facts and Figures



- Integrated delivery system plus financing
- 8 Regions
- 8.7 million Members
- 33 Medical Centers, 400+ Medical Offices
- 400+ Pharmacies
- 13,000 Physicians
- 159,700 Employees
- 2010 Revenues: \$45 billion

2009 HEDIS Quality Compass PMPM Commercial

2009 Commercial Outpatient PMPM Cost of Prescriptions Name

Kaiser Foundation Health Plan Inc. - Southern California Kaiser Foundation Health Plan, Inc. - Northern California

Kaiser Foundation Health Plan of Hawaii, Inc.

Kaiser Foundation Health Plan of Georgia, Inc.

Aetna Health of California, Inc.

Kaiser Foundation Health Plan of Ohio

Kaiser Foundation Health Plan of Colorado

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

CIGNA HealthCare of California, Inc.

Blue Cross of California dba Anthem Blue Cross

Kaiser Foundation Health Plan of Georgia, Inc.

Health Net of California, Inc.

Blue Cross of California dba Anthem Blue Cross

Blue Shield of California

Group Health Cooperative

PacifiCare of California

Health Net of California, Inc.

Aetna Life Insurance Company (California)

Kaiser Foundation Health Plan of the Northwest, Inc.

UnitedHealthcare Insurance Company, Inc. (California)

ShortName	ReportingProduct	Rate
Kaiser - CA (Southern CA)	HMO	\$30.62
Kaiser - CA (Northern CA)	HMO	\$31.78
Kaiser - HI	HMO	\$33.79
Kaiser Georgia	HMO	\$34.32
Aetna California	HMO/POS Combined	\$34.44
Kaiser - OH	HMO	\$35.58
Kaiser - CO	HMO	\$37.49
Kaiser-Mid-Atlantic	HMO	\$40.19
CIGNA - CA	HMO/POS Combined	\$40.59
Anthem Blue Cross	PPO	\$41.82
Kaiser Georgia	POS	\$42.32
Health Net of California. Inc.	PPO	\$44.06
Anthem Blue Cross	HMO/POS Combined	\$44.09
Blue Shield of California	HMO/POS Combined	\$44.58
Group Health Cooperative	HMO	\$44.87
PacifiCare of California	HMO/POS Combined	\$46.43
Health Net of California. Inc.	HMO/POS Combined	\$47.69
ALIC California	PPO	\$49.98
Kaiser Northwest	HMO	\$53.22
UnitedHealthcare	PPO	\$54.11

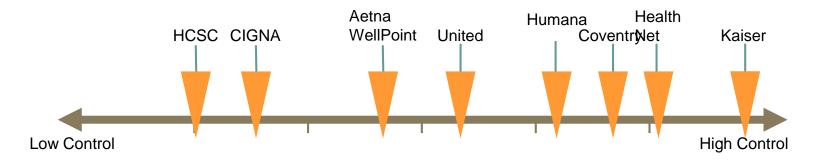
2010 Quality Report Card



by Office of Patient Advocate (OPA)

HMO Ratings At-a-Glance			
***	≿ Excellent Good Fair Poor	Meeting National Standards of Care	Members Rate Their HMO
<u>Aetna He</u>	alth of California, Inc.	***	***
Anthem E	Blue Cross - HMO	***	***
Blue Shie	eld of California - HMO	***	**
CIGNA H	<u>MO</u>	***	**
Health Ne	et of California, Inc.	***	***
Kaiser Pe California	ermanente - Northern	***	***
<u>Kaiser Pe</u> <u>California</u>	ermanente - Southern	***	***
<u>PacifiCar</u>	e of California	***	***
Western	Health Advantage	***	***

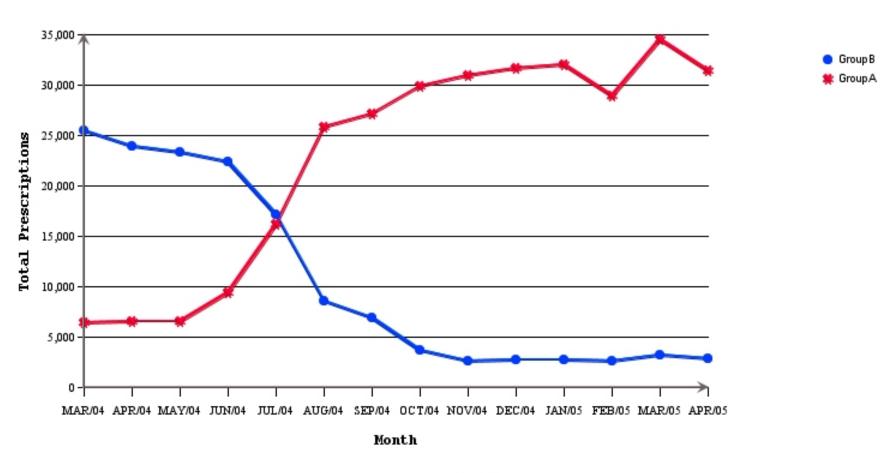
Pharmacy Management



- Almost all of Kaiser's enrollment is fully insured
- The copay spread between preferred and nonpreferred tiers for the key plans is \$10-\$25 (compared to an industry average of approximately \$20) The generic copay for all leading plans is \$10; Some leading plans also offer zero dollar copay programs, or generics for no copay.
- The generic utilization rate ranges from 60–80%+ for these key plans, with Kaiser at the highest rate because it is highly integrated and United at the lowest rate because of significant regional variation.

PPIs

TOTAL PRESCRIPTIONS TREND FOR CALIF. NORTH



Report generated On: Aug 7, 2008 3:53:48 PM Confidential and Proprietary - For Internal Kaiser Use Only.

Innovative Pharmaceutical Contracts



- Januvia Cigna
- Actonel- Manufacture agreed to reimburse health insurance companies for patients who suffer a non-spinal bone fracture while taking their drug.
- Aciphex- Daycon of 1
- Others

Barriers?



- Risk is undefined, then ASP or Best Price can become issues.
- If risk is well defined, the payout can be calculated and one is better off negotiating a deep discount.

Best Price



The Medicaid rebate program, established by the Omnibus Budget Reconciliation Act of 1990, has reduced government spending on outpatient prescription drugs. Under the rebate formula, pharmaceutical manufacturers rebate the states at least 15.1% of the wholesale price of brand-name drugs that Medicaid beneficiaries purchase as outpatients. The rebate is often higher than the minimum because of a "best-price" provision that gives Medicaid access to the lowest price paid by any other purchaser in the United States.

Congressional Budget Office, January 1996

HOW THE MEDICAID REBATE ON PRESCRIPTION DRUGS AFFECTS PRICING IN THE PHARMACEUTICAL INDUSTRY

Average Selling Price (ASP)



- Affects infused medications covered by Medicare Part B
- Reimbursement trails two quarters and is ASP+6%
- Discounting results in a lower ASP, and subsequently lower reimbursements to purchasers.

Health Care Reform



- Medicaid Best Price increased to 23.1%
- The Government now can invoice manufacturers for Managed Medicaid utilization.

What Will it Take?



- A medication with significant Medicare Part D use.
- Molecular entity with good evidence in a relatively small number of patients.
- Willingness to share the risk.
- Both sides have a high likelihood to benefit.
- Outcome must be easily measureable