EMPLOYERS HEALTH

A publication of Employers Health Coalition, Inc.
Fall / Winter 2016

EHconnect

Member Spotlight
CURRAN GROUP, INC.

RECENT WELLNESS PROGRAM REGULATIONS:
ADA & GINA

Tailor-Made: Uniquely Personal Well-Being

Our Q&A with Deanne Pliner
Benefits Coordinator

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CVS Health: Helping You Manage Rapidly Rising Specialty Trend

The robust specialty pipeline demands an innovative and dynamic management approach

Three Key Drivers of Specialty Trend[1]

New Drugs + **New Indications** + **Aging Population**

200 New Drugs

138 New Indications

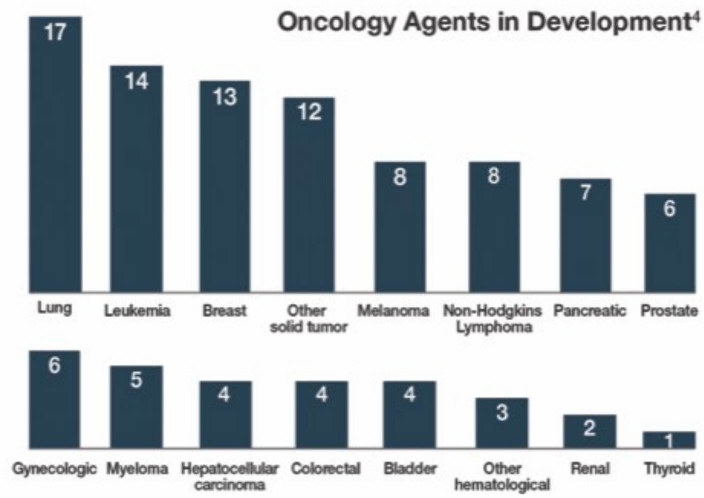
10k Americans will turn 65 every day until 2030[2]

FDA novel drug approvals skyrocket by more than 50% in less than a decade[3]

Drug Pipeline Management Becomes Increasingly Important with the Forecasted Rise in Costly Oncology Innovations

More than **5,400** drugs in clinical development[4]

More than **half** for use in oncology



CVS Heath Strategies for Successful Pipeline Management

Monitor
market insights, disease prevalence and target population

Develop and Circulate
clinical knowledge, drug approval and launch communications

Assess and Formulate
cost management solutions

Reduce care complexity and help deliver lowest net cost with CVS Health management strategies.

To learn more, contact your Employers Health representative.

PMPM (Per member per month). FDA (U.S. Food and Drug Administration). NME (New molecular entity). BLA (Biologic license application).
1. CVS Health Internal data projected data 2016-2018. 2. Pew Research Center, http://www.pewresearch.org/daily-number/baby-boomers-retire. Accessed April 2016.
3. http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DrugInnovation/ucm474696.htm, accessed February 11,2016 4. "Managing Costs and Enhancing the Value of Oncology Care"; For the December issue of the Evidence-Based Oncology, a publication of the American Journal of Managed Care

CVSHealth

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Emily Clevenger, Editor

2016 Meetings & Events

Stay ahead with Employers Health and save these dates!
You can always find our events calendar at www.employershealthco.com/events
**Employer Members only*

NOVEMBER

NOVEMBER 22

Presidential Prognosis:

HEALTH CARE CHANGES UNDER THE NEW PRESIDENT

Akron, OH
DoubleTree by Hilton Akron/Fairlawn, 8 - 11:30 a.m.

DECEMBER

DECEMBER 1
Holiday Member Luncheon*
Akron, OH
Ken Stewart's Grille, 12 - 1:30 p.m.

Holiday Member Luncheon*
Columbus, OH
The Guild House, 12 - 1:30 p.m.

DECEMBER 5
Holiday Member Luncheon*
Cleveland, OH
Giovanni's Ristorante, 12 - 1:30 p.m.

DECEMBER 8
Holiday Member Luncheon*
Chicago, IL - Rosemont
Capital Grille, 12 - 1:30 p.m.

DECEMBER 9
Cincinnati Tri-State Workplace Wellness Collaborative and Holiday Member Luncheon*
Cincinnati, OH
Cooper Creek Event Center
TWWC: 9 - 11 a.m. | Lunch/Roundtable: 11:30 - 1 p.m.

Holiday Member Luncheon*
Canton, OH
The Twisted Olive, 12 - 1:30 p.m.

DECEMBER 13
Holiday Member Luncheon*
Canton, OH
Bender's Tavern, 12 - 1:30 p.m.

DEC 7
ANNUAL MEMBERSHIP MEETING
CANTON, OH
KENT STATE UNIVERSITY AT STARK
(CONFERENCE CENTER)
8 - 10 A.M.

Employers Health group purchasing extends well beyond pharmacy benefits. We also establish and manage group purchasing contracts for vision and dental benefits, EAP services and transparency tools. Members gain a group purchasing solution with best-in-class suppliers. What's more, members receive best-in-class supplier support.

SAVE THE DATE

2017 ANNUAL SYMPOSIA

> Canton, OH
> Kent State University at Stark
> *Thursday, May 18*

> Cincinnati, OH
> Cooper Creek Event Center
> *Thursday, June 22*

Message from Chris

Welcome to the fall/winter edition of *EH Connect*. At Employers Health we are constantly working to adapt to meet our members' needs and, for us, that means growth. As your needs grow, we are working to grow in order to better serve you. With that, I am pleased to share some announcements that will positively affect our members.

In this issue, we will update you on the latest regulations regarding wellness plans, cover what new biosimilar drugs could mean for your health plan and highlight the importance of personalizing your wellness plans. Plus, we will share details on how to apply for our new Excellence in Benefits Award. This award was created to annually recognize a dedicated, hard-working member for his or her dedication and commitment to the employee benefits profession. Be sure to turn to page 19 for more details.

This past August, we introduced you to a new, employer-only event, The Employer Health & Wealth Administrator Workshop. Nearly 100 attendees joined us in Columbus to hear attorneys and benefits advisors from across the country share practical solutions to employee benefit challenges frequently faced by plan sponsors. Members learned how to respond to an investigation by the Department of Labor, the advantages of a long-term investment in employee well-being, as well as lessons from recent court cases affecting plan fiduciaries and benefit plans. With such a great response to this year's event, we are pleased to announce that this event will take place annually in Columbus.

Additionally, in August, we welcomed Emily Geig to the Employers Health team. Emily joins us as the marketing and events coordinator, filling Devon Feriance's position as Devon transitions to an account management role. Devon will combine her prior account management experience with her years of marketing experience at Employers Health to serve as our newest account management specialist. In this role, she will work with members to help them achieve high engagement and high satisfaction while helping them meet their goals.

Emily comes to us from The Akron-Canton Airport where she previously served as the social media and communication coordinator. She is a graduate of Malone University where she majored in communication arts and public relations. Both Emily and Devon will work from our Canton, Ohio office.

In a continued effort to meet your needs, we are also adding two more account management team members to our staff, growing account management to a total of nine. These two new account management specialists will work to advocate for members both internally and with all vendors. As we continue to grow in order to serve our members, we have already outgrown our space here in Canton. In July, we broke ground on our new 18,000-square-foot facility. The new location will be just down the street from our current location and will include a meeting center and room to grow. We will move into our new headquarters in July of 2017.

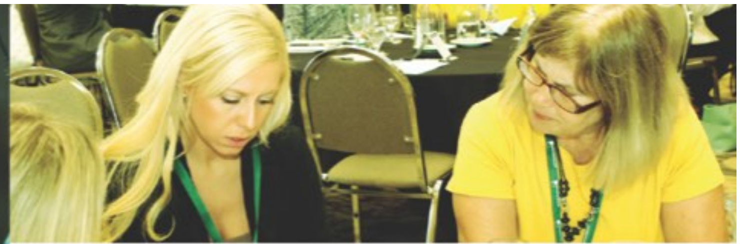
We continue to grow with the ultimate goal of aiding in your organization's success by staying focused on our mission to provide resources, tools and advice to help your organization access high-quality health care benefits at a sustainable cost.

Christopher V. Goff

Christopher V. Goff
CEO & GENERAL COUNSEL

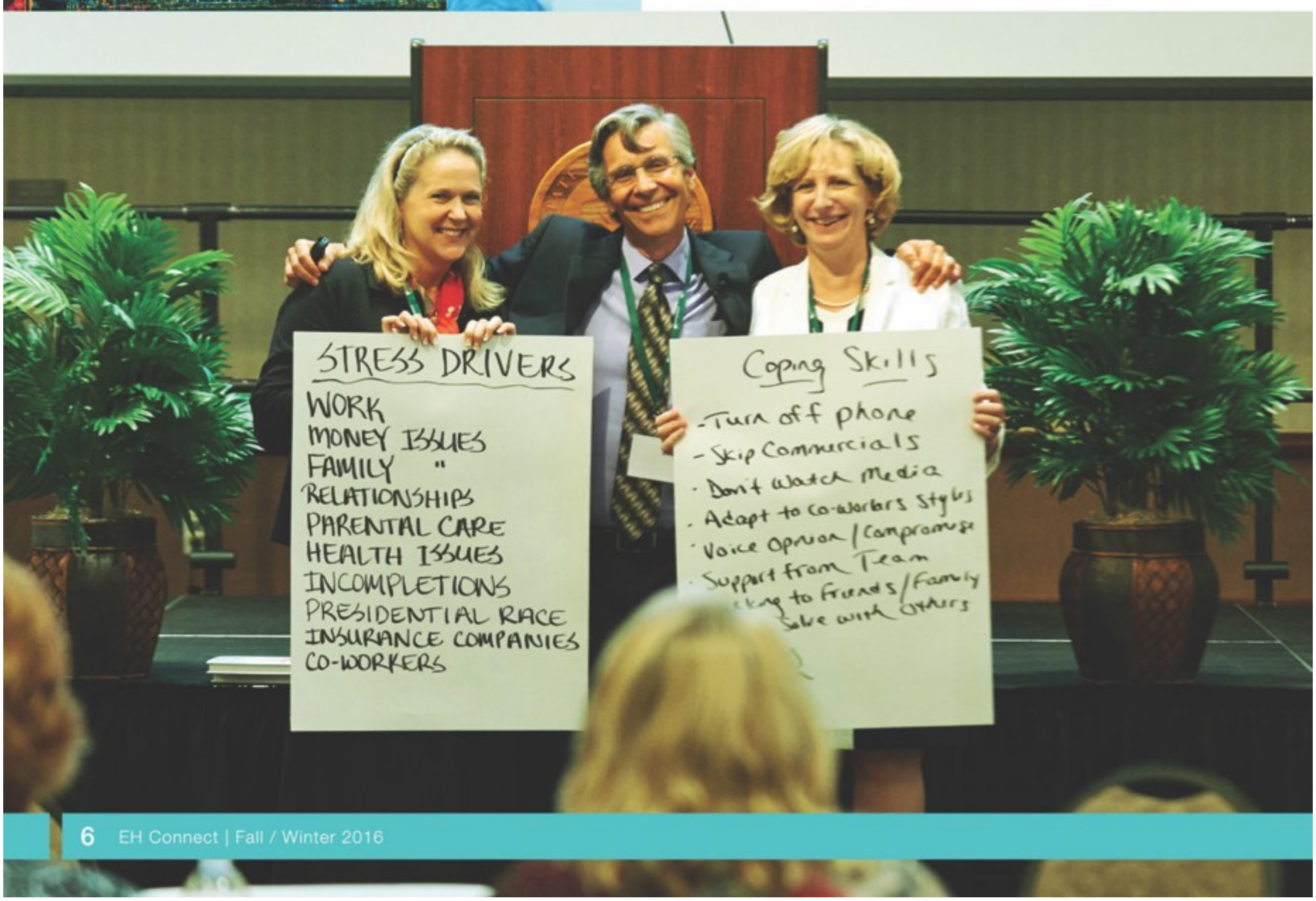
Welcome to our newest members!

Truven Health Analytics
Venezia Transport, Inc.



MORE THAN 700

Attendees Benefit from Learning Opportunities in 2016



2016 EVENTS RECAP

One of the many benefits of membership with Employers Health is the plentiful networking and learning opportunities offered throughout the year. As of September, members have had the opportunity to attend 25 events with many opportunities still to come through the remainder of the year.

Building a THRIVING WORKFORCE *Through Benefits*

This year's Symposia focused on *Building a Thriving Workforce Through Benefits.* The evidence supporting the importance of a comprehensive benefit plan to employee productivity and well-being has been proven in numerous studies. To help your organizations grow through a thriving workforce, keynote speakers Pernille Spiers-Lopez, Former IKEA North America President and Author; Jim Klein, President of the American Benefits Council; and Dr. Joel Bennett, President of Organizational Wellness & Learning Systems (OWLS) joined us at our Canton Symposium.

In true Canton, Ohio fashion, Jim Klein delivered a football themed presentation on the political factors influencing employer sponsorship of health care coverage. Attendees learned the presidential candidates' positions on health care policy and the effects on businesses with each candidate. Just a few of the comments we received from attendees at Mr. Klein's presentation included, "great job explaining the information in a not so technical manner." One employer representative stated, "the presentation was entertaining and held your interest." Another attendee commented, "Jim did an excellent job making an otherwise boring topic very captivating."

Continuing the well-received format from 2015, Canton Symposium attendees were able to choose different breakout sessions to attend, enabling employers to learn from the presenters most applicable to their organization. Break-out session topics included a presentation from the U.S. Department of Labor Employee Benefits Security Administration (U.S. DOL EBSA) on What it Means to be a Group Health Plan Fiduciary. Attendees also had the opportunity to learn from the associate director of programs at Cancer & Careers about how to support employees with cancer and key issues to consider when an employee with cancer returns to work.

More than 100 attendees joined us at the Cincinnati Symposium. Featured speaker, Christopher Condeluci from CC Law and Policy PLLC, shared his election-year outlook. Through his insight, employers learned specific steps they should take to prepare for the new political landscape. Additionally, Seth Cohen of Castlight Health shared that 42 million adult Americans are living with anxiety disorders while most employers are not addressing this issue. He then provided attendees with tips and tools to empower employees to become better health care consumers. Finally, Sherry Brackney of the U.S. Department of Labor, EBSA, provided the latest reporting and disclosure obligations concluding with tips on what to do in order to avoid potential problems as a fiduciary.

Employer Health & Wealth Administrator Workshop

In August, we offered a new members-only event, the Employer Health & Wealth Administrator Workshop. Attendees were able to obtain five hours of Continuing Legal Education from The Ohio Supreme Court and six HRCI credits from the HR Certification Institute. Members heard from respected health and benefits professionals throughout the country on topics including Obamacare, consumer-driven health plans, how to handle DOL investigations and more. Due to the overwhelmingly positive responses we've received, we will be offering this event annually and we hope you will join us.

Member Benefits Roundtables

Finally, numbers of local members have had the opportunity to engage with Employers Health staff and their peers at our Member Benefits Roundtables. These regional roundtables have featured a diverse array of topics. In March, Chris Goff provided an update on our organization and detailed how members benefit from our continued growth. Our Director, Clinical Pharmacy Strategies, Matt Harman, updated members on the latest pharmacy landscape and what it means for their plan, and Associate Counsel, Garrett Brown, provided an overview of our Pharmacy Benefits Annual Market Check and Pricing Improvement Analysis sharing how members realize savings through the process.

If you have not had a chance to participate in one of our many learning and networking opportunities, we encourage you to join us soon. You can find all of our upcoming events on our website at **www.employershealthco.com/events.**

Recent Wellness Program Regulations: ADA & GINA

WRITTEN BY: **ZACH HOSTETLER, JD, MBA** // *Associate Counsel* and **GARRETT BROWN, JD** // *Associate Counsel*

As plan sponsors prepare for open enrollment, attention should be given to the Equal Employment Opportunity Commission's (EEOC) new wellness regulations under the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA). With final rules, released May 16, 2016, regarding notice and financial incentives becoming effective for plans beginning on or after January 1, 2017, plan sponsors should review their wellness programs and incentives to ensure compliance before the rules become effective. Moreover, the EEOC asserts that the other provisions in the final rules clarify *existing* obligations and are therefore already enforceable.

This article will provide a brief regulatory overview of the EEOC's new wellness program regulations and conclude with plan sponsor best practices. As the EEOC has a history of bringing legal action against plans that sponsor wellness programs that it deems to have failed to comply with the ADA and GINA, even in the absence of regulatory guidance, the risk of such suits may become a greater threat to plan sponsors in the wake of the EEOC's new regulations. The use of the terms "plan" and "employer" are generally interchangeable throughout this article as the EEOC applies its wellness regulations to both *"equally."*

The ADA, as enacted by Congress, includes the "bona fide benefit plan" safe harbor provision. The safe harbor "exempts certain insurance plans from the ADA's general prohibitions, including the prohibition on 'required' medical examinations and disability-related inquires." The relevant portion of the safe harbor provision states that an entity that administers the benefit plans is not prohibited from "establishing, sponsoring, observing or administering the terms of a bona fide benefit plan based on underwriting risks, classifying risks, or administering such risks that are based on and not inconsistent with state law." The EEOC has taken the position that the ADA's safe harbor provision does not apply to a plan's decision to offer incentives or impose penalties in connection with wellness programs that include disability-related inquiries or medical examinations. Federal courts have come to the opposite conclusion. Last year, the court in *EEOC v. Flambeau* ruled that the ADA safe harbor applied to employer-sponsored wellness programs.

Regulatory Overview

ADA

Despite many organizations advocating that the EEOC mirror its wellness regulations after the Health Insurance Portability and Accountability Act's (HIPAA) wellness program regulations, as amended by the Affordable Care Act (ACA), the EEOC declined to accommodate such requests. Unlike the HIPAA rules, the ADA and GINA rules apply regardless of whether the program is considered a participatory or health-contingent program under the HIPAA standards. Thus, although HIPAA does not impose an incentive limit on programs that do not require the individual to satisfy a standard related to a health factor, the ADA and GINA rules will impose a limit on the incentive/penalty for these programs if the requirements of such programs fall within the regulatory jurisdiction of the ADA or GINA.

If a wellness program involves disability-related inquiries or medical examinations, new ADA rules provide limits on the incentives that plans may offer employees to encourage participation in such programs. Contrary to HIPAA wellness rules, the ADA's incentive limitations apply even when the program is not part of a group health plan. For example, if an employer that does not offer a group health plan sponsors a wellness program that provides a $20 gift card for participation in a step challenge, this program would not be subject to HIPAA's wellness rules, but it would be subject to the ADA and GINA.

As clarified in the new rules, the ADA requires all wellness programs that involve a disability-related inquiry or medical examination to be voluntary.

To meet this "voluntary" standard, the plan/employer:

> may not require employees to participate;

> may not deny coverage under any of its group health plans to employees for non-participation or limit the extent of benefits (except for incentives);

> may not take any adverse employment action or retaliate against, interfere with, coerce, intimidate, or threaten employees who do not participate; and

> must comply with certain enhanced notice requirements.

Notably, the final rules require plan sponsors to determine the value of any non-financial incentives provided to participants of the wellness program. For example, if an employer offers a relaxed dress code for participation in the wellness program, it will be responsible for determining the value of such incentive to ensure that the incentives do not exceed the stated limits.

Contrary to HIPAA's 50 percent incentive limit for programs with a tobacco cessation component, the ADA limits the incentive to 30 percent if the program uses a biometric screening or other medical procedure to test for the presence of nicotine or tobacco. However, plans that simply ask participants whether they use tobacco products are not subject to the ADA and such incentive limits would not apply.

GINA

The GINA final regulations provide much anticipated clarification regarding whether an employer may offer incentives to an employee in exchange for the spouse's completion of a health risk assessment (HRA). As GINA defines an employee's genetic information to include current medical information of relatives by affinity (e.g., spouse), any request for a spouse's medical information results in the generally unlawful request for genetic information as it relates to the employee. Under the final rule, incentives may be offered for spouses who provide medical information related to a wellness program with an HRA component assuming all of the requirements of the final regulations are met.

AS SOME PLANS OFFER A REDUCED PARTICIPANT PREMIUM CONTRIBUTION TO INCENTIVIZE PARTICIPATION IN THE PLAN'S WELLNESS PROGRAM, PLAN SPONSORS SHOULD CAREFULLY REVIEW THE INCENTIVE LIMITS SET BY THE NEW RULES TO ENSURE COMPLIANCE. THE FINAL RULES PRESENT THE FOLLOWING FOUR SITUATIONS AND THE INCENTIVE LIMIT THAT WILL APPLY UNDER EACH OF THE SCENARIOS:

> If participation in a wellness program is contingent upon enrollment in a particular group health plan, the employee may receive an incentive of up to 30 percent of the total cost of self-only coverage under that particular plan.

> If an employer offers only one group health plan, but participation in the wellness program is not contingent upon enrollment in the plan, the incentive is limited to 30 percent of the total cost for self-only coverage.

> Where an employer has multiple group health plans, but enrollment in any plan is not required for participation in the wellness program, the employer may offer an incentive of up to 30 percent of the total cost of the lowest cost self-only major medical plan.

> If an employer does not offer a group health plan, the incentive is limited to 30 percent of the total cost of the second-lowest cost Silver Plan for a 40-year-old non-smoker available through the state or federal exchange in the location that the employer identifies as its principle place of business.

Paralleling the ADA's incentive limitations, the final rule allows plans to offer an incentive of 30 percent of the cost of self-only coverage for a spouse's provision of medical information through an HRA. Thus, the total incentive that may be offered with such programs will be no more than 30 percent of the total cost for self-only coverage multiplied by two. The GINA rules mirror the ADA's method for determining which self-only plan will be used as the benchmark for determining the amount of the incentive discussed above.

The EEOC also provided clarification on whether incentives may be offered to employees' children who provide current or past health status information. It has taken the position that wellness programs that provide incentives for employees' children to provide current or past health status information violate GINA. This prohibition extends to both minor and adult children as well as biological or adopted children. Thus, no incentive may be offered to the children of employees.

Best Practices

Plan sponsors should review their wellness programs before open enrollment to ensure the program is complaint with the final regulations. Programs that were previously compliant under HIPAA's regulations, as amended by the ACA, may no longer be compliant in light of the EEOC's final rules. Appropriate legal counsel should be sought to confirm a wellness program's current and future compliance as certain aspects of the final rules are meant to clarify existing obligations rather than create new responsibilities.

With the new administrative/compliance burdens resulting from the final regulations, plan sponsors should evaluate the return on investment (ROI) for these programs. In light of the reduced ability to incentivize participation, plan sponsors may find a diminished value of such programs. Plan sponsors should consider offering different programs that may limit compliance responsibilities such as educational programs, financial wellness, healthy food offerings, Right Direction, etc. Ensuring that wellness programs are providing the minimum necessary ROI should be a priority before investing more time and resources into current wellness programs.

The EEOC's sample notice can be found at:
https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm

Seff v. Broward County, 691 F.3d 1221, 2012 U.S. App. LEXIS 17501, 26 Am. Disabilities Cas. (BNA) 1153, 23 Fla. L. Weekly Fed. C 1432, 15 Accom. Disabilities Dec. (CCH) P15-092, 2012 WL 3552650 (11th Cir. Fla. 2012)

EEOC v. Flambeau, Inc., 131 F. Supp. 3d 849, 2015 U.S. Dist. LEXIS 173482, 17 Accom. Disabilities Dec. (CCH) P17-002 (W.D. Wis. 2015)

Regulations under the Americans with Disabilities Act (Final Rule), 81 Fed. Reg. 31125 (May 17, 2016).

Genetic Information Nondiscrimination Act (Final Rule), 81 Fed. Reg. 31143 (May 17, 2016).

Thank You

Contributor Members at Employers Health consist of providers of health-related products and services including managed care organizations, hospitals and physician groups, third-party administrators, consultants, brokers and pharmaceutical manufacturers.

Employers Health would like to thank its Contributor Members for 2016. Members benefit from the support these Contributors provide and it is our hope that their support is noticed by our members when seeking health-related solutions.

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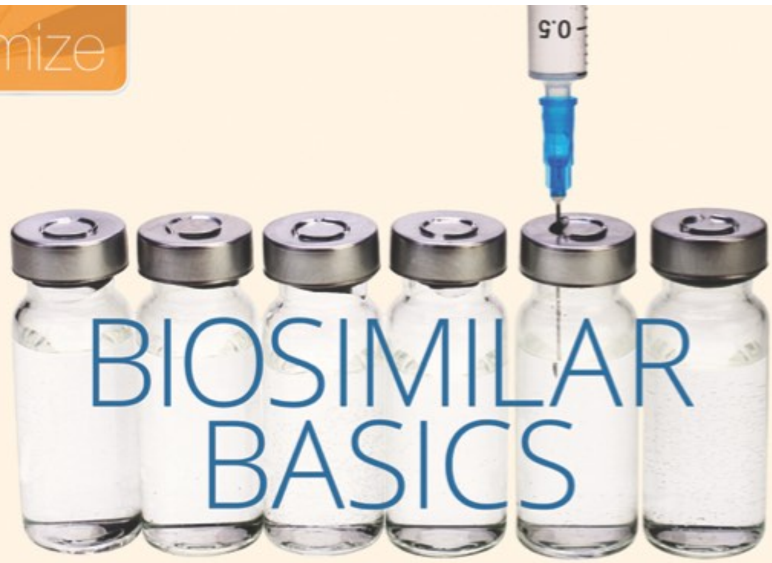

BIOSIMILAR BASICS for Plan Sponsors

WRITTEN BY: **MATTHEW HARMAN, PharmD, MPH** // *Director, Clinical Pharmacy Strategies*

The rise of specialty pharmacy spend and trend can be traced back to the work of pharmaceutical manufacturers determined to provide targeted biological treatment for complex medical conditions. We must now count on these same manufacturers to create the competition necessary to provide these innovative treatments in an affordable manner.

Many payors searching for a special cure for their specialty spend have their eyes set on biosimilar medications. Before discussing strategies to maximize prescription competition, let's dive into some fundamentals on biologic drugs and the current issues limiting the potential biosimilar market.

Biologic drugs, such as vaccines, insulins, and gene therapies, are intricate medications made from living cells typically given through injection or infusion to treat conditions such as cancer, diabetes and rheumatoid arthritis. The complexity of the manufacturing process hampers the ability of biosimilars to be true generic equivalents, but this does not mean a biosimilar cannot be considered highly similar or even interchangeable with, meaning substituted by a pharmacist without provider notification, the reference product (RP).

Through the Biologics Price Competition and Innovation (BPCI) Act of 2009, two pathways emerged for biologic products to compare themselves to the RP. At least 59 biologics for 18 RPs are on the "biosimilar to" path towards approval, but none have gone down the "interchangeable with" route. The discrepancy is largely due to the lack of clear guidance from the FDA regarding what additional information it will need to evaluate interchangeability. This guidance is anticipated at some point during 2017, but as of now, only biologics deemed biosimilar and interchangeable may be substituted by a pharmacist without intervention as would a traditional generic drug.

Even without interchangeability, a product considered biosimilar must show no clinically meaningful differences in safety and effectiveness to the RP. If you replace biosimilar with generic and RP with brand drug in the last sentence, we can get a sense of why some plan sponsors may want to utilize strategies for biosimilars that have worked to lessen trend on the traditional side of prescription drugs.

With that said, the complex differences in the manufacturing process between chemical drugs and biologics cannot be understated. **The production of the average generic drug costs $2 million to $5 million over two to three years, while the developmental cost of a biosimilar is currently around $75 million to $100 million for five years.** This gap is why many experts believe the percent savings driven by biosimilars should be tempered to roughly 20 to 30 percent of the RP's cost until enough multisource-biosimilars are on the market.

The large investment necessary to produce a biosimilar has led to much policy debate over naming rights of the product, as you may imagine. In Europe, where 19 biosimilars have been approved, the drugs must be identified by their brand name instead of by their International Nonproprietary Name (INN), which is the globally recognized generic name for the active ingredient. Naming for the two biosimilars approved in the U.S., Zarxio™ (filgrastim) and Inflectra™ (infliximab), has followed the European lead and will continue to do so unless the FDA recommends otherwise.

PLAN SPONSOR STRATEGIES TO MAXIMIZE BIOSIMILAR VALUE

While the number of biosimilar products available currently is extremely limited, it is in a plan sponsor's best interest to be prepared once the market has more competition. Plan design, utilization management, formulary selection and prescriber and patient education can all play a factor in receiving the lowest net cost of care under both the pharmacy and medical benefits. It is worth noting that Inflectra™ is the biosimilar approved, but not yet on the market, for Remicade© (infliximab), which is the top costly drug dispensed under the medical benefit for many employers.

For those groups that have adopted a fourth tier for specialty copays, it may be time to split that tier into two to differentiate between branded biologics and RPs (Tier Five) while incentivizing plan participants towards biosimilars as well as the numerous generic specialty drugs (Tier Four) that have reached the market over the last few years. A potential design could be a Tier Four copay of free or 50 percent of Tier Five, which should generally not be over $100 to $150 per 30-day supply to avoid negatively impacting adherence.

OTHER RELEVANT POLICY ISSUES STILL UNDER CONSIDERATION BY THE FDA INCLUDE:

- market exclusivity of the RP;
- indication extrapolation, or approval of a biosimilar for treatment of conditions for which it has not yet been tested, to all of an RPs approved indications;
- patent disputes beyond those typically seen in the traditional generic market; and
- prescriber notification of substitution.

Look for future updates from Employers Health if these issues are resolved.

Tying in utilization tools such as prior authorization (PA) and step therapy (ST) to the separated specialty copays would make for the ultimate plan design, but even without the tiered copays, PA and ST should be the mainstay of specialty pharmacy management already. However, this may not be the case under the medical benefit, especially at the outpatient hospital setting, so it is important to discuss biologic drug utilization management with your health plan provider.

Exclusionary formularies are another valuable tool in reducing spend for specialty products. A common misconception that leads to less adoption of exclusions is that a patient's access is completely eliminated to an excluded product. In fact, most PBMs offer a PA process for medical necessity to show that the preferred product does not fit the patient profile. Starting in 2017, CVS/caremark will be the first PBM to prefer biosimilar products over excluded RPs with the belief that lowest net cost can be achieved through higher discounts and rebates. We expect the other PBMs to follow suit once more biosimilars hit the market, but do not be surprised if biosimilars are excluded in favor of RPs in the future in favor of enhanced rebates.

Grandfathering of patients on RPs is not recommended either because biosimilars are considered therapeutically equivalent to RPs. The specialty pharmacy care team staff could assist any patient with getting back on the RP if he or she is experiencing any difficulties with the biosimilar, which should make a move to prefer biosimilars more palatable for human resource managers. This also highlights the importance of the partnership needed with your PBM and health plan to provide proper education on transitioning to a biosimilar on both the patient and prescriber level.

In summary, biosimilars have the potential to provide significant savings to plan sponsors and their participants struggling to curb the cost of prescription drugs. Manufacturers of both biosimilars as well as RPs have the opportunity to invest in a competitive marketplace necessary for sustainable benefits, but it likely will require the FDA to be the guiding catalyst of this movement.

For reference information or to discuss further, please contact **Matt at mharman@employershealthco.com.**

Why is my PBM pushing a multi-year pricing contract?

WRITTEN BY: **DAVID ULDRICKS, JD, LL.M.** // *Vice President, Legal and Corporate Planning*

Most plan sponsors evaluate the pricing competitiveness of their pharmacy program the same way – by going out to bid for a new pharmacy benefits manager (PBM). But, running a bid process can be expensive and difficult to manage. Therefore, plan sponsors tend to avoid the process all together. PBMs use this to their advantage, fueling one of the most fundamental ways in which they make money: multi-year static pricing agreements.

For purposes of this article, a multi-year static pricing agreement is an arrangement between a PBM and a plan sponsor with a duration of three or more years with no opportunity for early termination or pricing adjustment. Such agreements are very common. Typically, they are price competitive in year one, but they tend to grow stale in later years either by design, or because the pricing does not adjust to market dynamics, or both.

Frequently, the first year of a multi-year static pricing agreement is very aggressive because the PBM knows that exceptional year-one pricing gives the PBM the greatest chance of winning the business. At the same time, the PBM also knows that any profit margin it loses with outstanding first-year pricing can be recouped over the duration of the agreement by taking advantage of market dynamics.

An example of a current market dynamic that has provided significant upside potential for PBMs is the recent dramatic increase in the Average Wholesale Price of many drugs. Indeed, this issue has made quite a bit of news. But, what has slipped under the radar is that in many cases these dramatic price increases have come with significant increases in the rebates paid by drug manufacturers to PBMs.

All plans will experience the weight of the pricing increases we've all heard so much about, but plans on multi-year static pricing agreements may not experience any of the mitigating effect that comes from the increased rebates. This leaves the PBM in a position to capitalize on a market dynamic and improve or recoup its margins.

Employers Health leverages nearly $1 billion in annual drug spend to command pharmaceutical pricing that is among the most competitive in the industry. But, Employers Health's commitment to provide competitive pricing does not expire upon implementation. Employers Health annually negotiates pricing improvements with its PBM suppliers to adjust to market dynamics and ensure that groups participating in one of its PBM programs receive the most competitive pricing available during each and every year of their participation.

The table below shows the year-over-year pricing improvements (as a percent of total drug spend) Employers Health has secured for its participating groups through the pricing improvement process.

Because the pharmaceutical market is so dynamic, contracts between PBMs and plan sponsors must be nimble and adaptable to new market dynamics. A three-year static pricing agreement causes a plan sponsor to miss at least two valuable price improvement opportunities. Working with Employers Health ensures that a plan's pricing is competitive upon implementation, and remains competitive each year thereafter.

Tailor-Made: Uniquely Personal Well-Being

WRITTEN BY:
TRACI BARRY, MS //
Senior Director, Strategic Health Initiatives

The saying goes "sometimes you have to go back to the beginning in order to move forward." The well-being industry progresses from one trend to the next with new vendors constantly emerging with the latest and greatest unproven solution, claiming this is the one to transform the health of your workforce or build your culture of health. Employers who enthusiastically sign up find themselves often disappointed with lack of results both in terms of participation and improvements. Why then if you build it, don't they come? Perhaps it's necessary to go back to the beginning and determine how to best serve each individual working in your unique environment. From both the overall organizational and individual member perspectives, tailored and uniquely personal well-being plans are the key to realizing positive change.

Gallup has conducted extensive research around the five domains of well-being and their collective impact on individual engagement. Employers Health member Jackie Glaser, manager, business development & executive health operations from Cincinnati-based TriHealth Corporate Health commented that, "Well-being takes employee health back to a holistic definition by taking into account one's personal status in all five dimensions..." She went on to offer: "TriHealth is working with clients to go beyond just the traditional ROI to VOI - Value on Investment, which looks at other areas that are positively impacted by having healthy, thriving employees." This engagement is a critical factor of improved organizational performance as correlated by research, indicating engagement impacts the nine organizational outcomes:

1. CUSTOMER LOYALTY ENGAGEMENT
2. PROFITABILITY
3. PRODUCTIVITY
4. TURNOVER
5. SAFETY INCIDENTS
6. SHRINKAGE
7. ABSENTEEISM
8. PATIENT SAFETY INCIDENTS
9. QUALITY (DEFECTS). GALLUP, 2016

It is imperative for individuals to take action to fine-tune each element of their personal well-being versus simply focusing on the physical which is often where company-sponsored initiatives begin and end. In order for them to engage at this level, employers likewise must give consideration to all domains when developing their internal offerings supportive of a healthy environment. With engaged employees defined as those who are involved in, enthusiastic about and committed to their work and workplace, the current U.S. level of engagement sits at 33.6 percent as of August 2016. This leaves an opportunity for employers to have a great impact on their employees' lives by building a supportive culture.

This is easier said than done for many. According to Willis Towers Watson, 75 percent of U.S. employers say stress is their number one workplace health concern. That stress contributes to many costly health concerns and productivity saboteurs. From where that stress originates is uniquely personal for each member of your team and by considering each well-being domain in your benefits/well-being plan, likelihood will increase that employees will engage with what they need at any given point along their path to well-being.

Here are some steps an employer can take to ensure their well-being initiatives offer employees the opportunity to personalize their experience:

>> Create a cohesive message so employees are aware of the resources available to them no matter where they are in their journey to overall well-being. In a recent survey of Employers Health members, 61 percent indicated they have branded their well-being initiatives to reflect their unique company culture and objectives. Communicating why your organization is providing tools and resources and what the collaborative goals are for both the organization and your employees will confirm the importance of the employees' engagement. Helping them connect to the mission in this way can add to a sense of *purpose* within the overall organizational structure.

>> The *physical domain* still requires attention, just in the form of activities to meet people where they are. "Our research across broad populations suggests that at least 80 percent of those living with a chronic condition prefer to start with a lifestyle factor around which they have personal motivation," says Dr. Jeff Dobro, RedBrick Health's chief medical officer. "When we start with the person and let him or her engage the way he or she wants, we get higher commitment and—as it turns out—meaningful improvement." *(RedBrick Health, 2016).* Don't force employees to engage in a certain type of coaching or limited group activity, provide options through multiple modalities with ongoing, easy access.

Adopted from the Gallup-Healthways Well-Being Index

The Gallup-Healthways Well-Being Index

Gallup and Healthways have developed a comprehensive, definitive source of well-being measurement, the Gallup-Healthways Well-Being Index. This scientific survey instrument measures, tracks and reports on the well-being of populations. The five essential elements of well-being are:

PURPOSE: liking what you do each day and being motivated to achieve your goals

SOCIAL: having supportive relationships and love in your life

FINANCIAL: managing your economic life to reduce stress and increase security

COMMUNITY: liking where you live, feeling safe and having pride in your community

PHYSICAL: having good health and enough energy to get things done daily

>> Some activities can be provided in a *social* setting encouraging co-workers to work together and find support in each other. Nicole Fallowfield of Gibson Insurance notes, "We spend a significant amount of time at work each week, so it shouldn't be surprising that developing friendships in the workplace can have a big influence on our well-being – and our engagement level" *(Fallowfield, 2016).* Does your company environment, workspaces, meetings and events encourage meaningful social interaction?

>> Getting more involved via volunteerism within one's *community* is advantageous to feeling a part of where you live and work. Employers can not only make it easier for employees to volunteer on their own by allowing them time to do so or rewarding their efforts in this area, but you can also create opportunities to volunteer as a team in the communities your company serves. Connecting this way socially builds teamwork and fosters both community and organizational pride.

>> Helping employees improve their "financial fitness" needs to go beyond 401(k) and retirement planning to meet the needs of all employees at different wage levels. In a recent publication, low-wage earners avoid beneficial use of health care services such as filling a prescription, following up on doctor-recommended treatment or testing or simply not seeking care when a problem arises, which can ultimately lead to great health care concerns in multiple well-being domains *(Sherman, Lynch and Addy, 2016).* Helping employees at all income levels manage their *financial* situations and resources should be factored into well-being efforts.

FINALLY, if you're wondering whether it's worth the extra effort to go back to the beginning, find out what employees need and work to ensure your culture and available resources support their individual needs in all well-being domains, the research should be more than encouraging.

Employees who are engaged and who have high well-being in at least four of the five elements are:

- **30% MORE** > LIKELY NOT TO MISS ANY WORKDAYS BECAUSE OF POOR HEALTH IN ANY GIVEN MONTH
- **MISS 70% FEWER** < WORKDAYS BECAUSE OF POOR HEALTH OVER THE COURSE OF A YEAR
- **42% MORE** > LIKELY TO HIGHLY EVALUATE THEIR OVERALL LIVES HIGHLY
- **27% MORE** > LIKELY TO REPORT "EXCELLENT" PERFORMANCE IN THEIR OWN JOB AT WORK
- **27% MORE** > LIKELY TO REPORT "EXCELLENT" PERFORMANCE BY THEIR ORGANIZATION
- **45% MORE** > LIKELY TO REPORT HIGH LEVELS OF ADAPTABILITY IN THE PRESENCE OF CHANGE
- **37% MORE** > LIKELY TO REPORT ALWAYS RECOVERING "FULLY" AFTER ILLNESS, INJURY OR HARDSHIP
- **59% LESS** < LIKELY TO LOOK FOR A JOB WITH A DIFFERENT ORGANIZATION IN THE NEXT 12 MONTHS
- **8% LESS** < LIKELY TO CHANGE EMPLOYERS IN A 12-MONTH PERIOD
- **19% MORE** > LIKELY TO VOLUNTEER THEIR TIME IN THE PAST MONTH **(AGRAWAL, 2015)**

No matter what industry your organization serves, employees like those above can move your company forward to the top of your game!

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Union Pacific Railroad Addresses Suicide Prevention*

WRITTEN BY:
NANCY SPANGLER, Ph.D., OTR/L //
Consultant, Partnership for Workplace Mental Health™

Unfortunately, suicide rates are rising. The Centers for Disease Control and Prevention (CDC) reported in April 2016, that, after 14 years of steady decline, suicide rates in the United States have increased by 24 percent from 1999 to 2014 *(Curtain, Warner and Hedegaard, 2016).* The age-adjusted rate for males was more than three times that for females.

In addition, the CDC recently released an analysis of suicide rates by industry *(McIntosh et al., 2016).* Among the 12,312 people in the study who died by suicide, **77 percent were men,** with nearly one-third occurring in three major occupational groups: **(1)** farming, fishing and forestry; **(2)** construction and extraction; and **(3)** installation, maintenance and repair. **For women,** the highest suicide rates occurred among **(1)** those in protective service occupations (e.g., law enforcement officers and firefighters), **(2)** those in the legal profession, and **(3)** health care practitioners and technical workers.

Recent issues of Mental Health Works have featured efforts to reduce suicides in the construction industry, one of the male-dominated industries identified in the CDC's analysis. Another male-dominated group, the railroad industry, is also addressing suicide prevention. Union Pacific (UP) Railroad sponsored a company-wide suicide awareness campaign throughout the UP system on worldwide Suicide Prevention Day last fall.

Nearly 200 volunteers participated in UP's campaign by making personal contacts with employees and providing educational materials to as many people as possible. The volunteers—part of teams called Peer Support and Operation Red Block—met colleagues as they came to or left work for the day on September 10, 2015. They distributed wallet-sized cards with information about suicide as well as key chains printed with the message, "Stay Connected." The volunteers reached approximately 10,000 employees on Suicide Prevention Day.

Mark Jones, director of UP's employee assistance program (EAP), recently provided details about the campaign to InsuranceThoughtLeadership.com. Both Jones and Robert Turner, retired senior vice president of corporate relations, serve on the board of directors for the National Action Alliance for Suicide Prevention. The Alliance points out that while suicide rates have been falling among senior adults, suicide remains the second leading cause of death for adults 25 to 34 years of age, considered prime working years *(National Action Alliance for Suicide Prevention, 2014).*

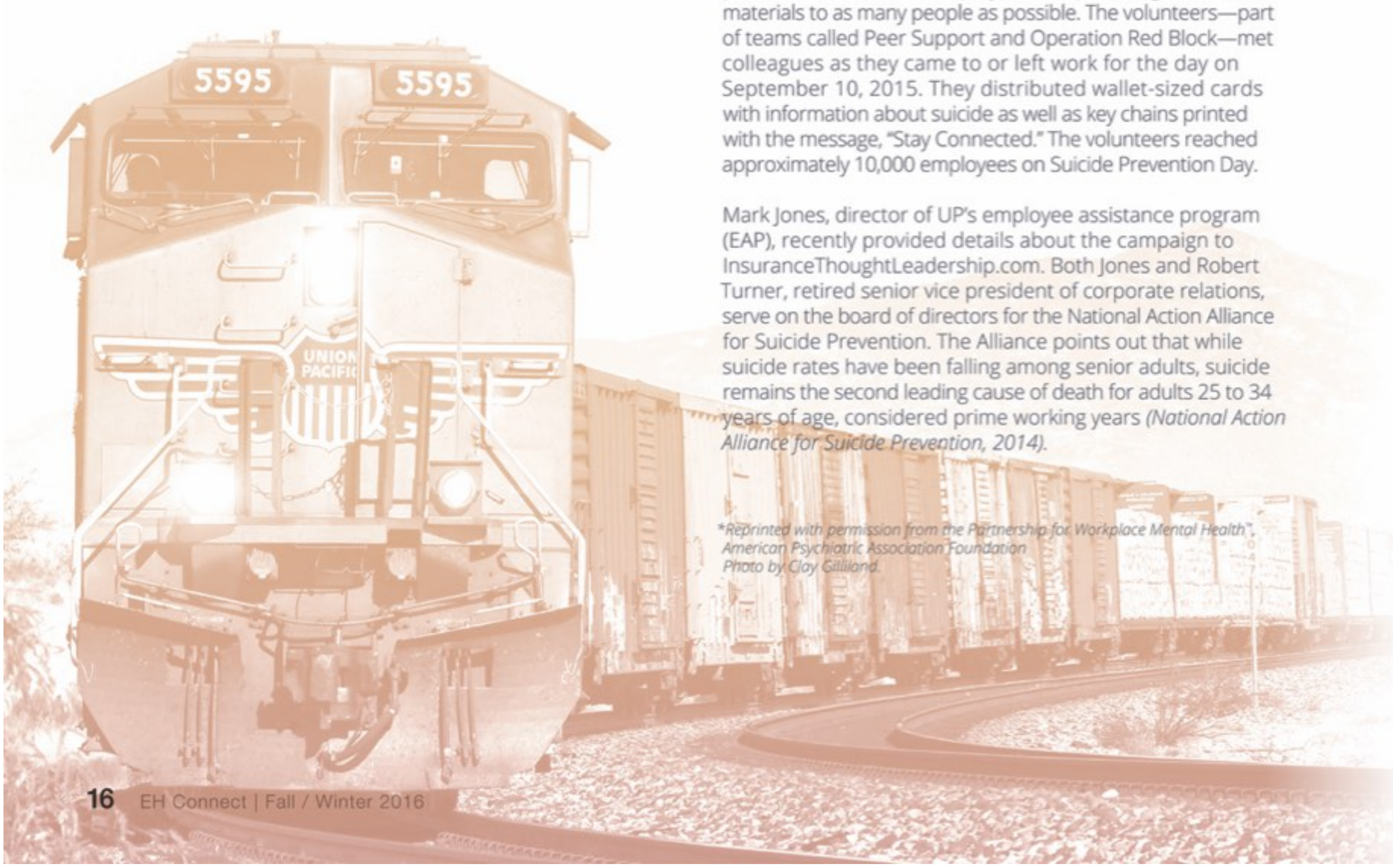

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Photo by Clay Gilliand.

Employers are becoming increasingly aware that suicide is costly to workplaces in both emotional and financial terms. The national cost of suicides and suicide attempts in the United States in 2013 is estimated to be $93.5 billion, with 97 percent of the cost due to lost productivity. *(Shepard, Gurewich, Lwin, Reed and Silverman, 2015)*

In 2014, the Alliance convened a meeting between railroad executives and suicide prevention experts to discuss what is known about effective suicide prevention measures and how the railroad industry might contribute to reducing the overall societal toll of suicide. These experts suggested that, in addition to understanding the scope of the problem, the railroad industry should consider risk and protective factors and develop and test intervention programs. In their summary report, they suggest that suicide prevention messages should include stories of coping and resiliency, program successes, positive actions people can take and available resources.

Other experts in suicide prevention suggest that improvements in continuity of care for people who make nonfatal attempts at suicide would reduce the number of subsequent attempts *(Shepard et al., 2015)*. These researchers estimate a cost-benefit ratio of 1 to 6 for investments in supporting these persons through enhanced medical, counseling and care linkage services.

Jones hopes that UP will communicate with employees each September on Suicide Prevention Day to provide messages of hope and caring and to communicate how to access resources available through the EAP. He says that five major railway companies are planning an industrywide summit for suicide prevention in September in Omaha that will address suicide reduction for both the workforce and for the general public.

Takeaways for Employers

> Learn about suicide rates and risk factors unique to your industry.

> Communicate about suicide prevention and resources for coping in your workplace.

> Provide access to quality treatment for mental health and substance use disorders.

> Partner with other employers and suicide prevention experts in your area to raise awareness in your community and to advocate for improved continuity of care.

> Advocate for improvements in continuity of care for people who exhibit suicidal behaviors.

Take a step toward addressing depression in the workplace.
Learn more at www.RightDirectionForMe.com

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Nancy Spangler, Ph.D., OTR/L, president of Spangler Associates, Inc., and consultant to the Partnership for Workplace Mental Health™, is a prevention and health management specialist in the Kansas City, Missouri, area.

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EXCELLENCE IN BENEFITS AWARD

presented by Employers Health, seeks to recognize an individual annually who has made meaningful impact in the field and/or delivery of employee benefits.

Nominations will open November 1, 2016 and close on January 31, 2017. The 2017 award winner will be announced at the Employers Health Annual Symposium in May.

AWARD OBJECTIVES

> Recognize contributions of an outstanding individual in the field of employee benefits.

EVALUATION PROCESS

The evaluation process will be as follows:

1. All submissions will be anonymous (e.g., submitter and company information redacted) and sent to an evaluation panel for review.
2. All submissions will be reviewed and scored. The panel will rank submissions based on their contribution to the delivery of employee benefits.
3. The highest ranking submissions will be evaluated by the Employers Health Evaluation Committee to determine winner.

Deadline is January 31, 2017

If you have any questions about this award or the process, please email mmiles@employershealthco.com.

We look forward to receiving your submissions!

HOW TO SUBMIT

Only Employers Health Members are eligible to be nominated. The following information should be included in each submission:

> **General Information –** For both nominator and nominee, please provide name, title, company, phone number, email address and affiliation.

> **About the Nominee –** Describe why the nominee should be recognized and the impact he/she has made in the field/delivery of employee benefits (500 words or less).

> **Achieved Outcomes –** (e.g., improved health outcomes, realized savings, innovative ideas) Please be specific about the level of cost savings, process improvement, etc. Outline the achieved outcomes in 500 words or less.

> **Industry & Civic Contributions –** Please provide details on any contributions the nominee has made to advance the profession of employee benefits and/or the betterment of the overall workplace.

> **Supporting Documentation (optional) –** Feel free to provide any additional information or documentation that will be helpful to the review panel regarding nominee.

Submit nominations and learn more at benefitsaward.com.

Member Spotlight

Deanne Pliner

BENEFITS COORDINATOR,
CURRAN GROUP, INC.

Located in Crystal Lake, Illinois, an hour outside of Chicago, Curran Group was founded in 1918 as Metropolitan Coal & Ice and has evolved over the past century to include railway services, tile manufacturing and distribution, paint finishing systems and asphalt paving and excavation. A family owned and operated holding company, its subsidiaries include Holland LP, Crossville, Inc., Global Finishing Solutions and Curran Contracting Company.

With more than 2,000 employees in North America, Deanne Pliner works on behalf of all the Curran Group's subsidiaries to provide comprehensive benefits and rewards to its employees. Deanne shared with us how the company's core values of family, respect, partnership, integrity and improvement are evident in its commitment to its employees.

How long have you been in HR and where did you get your start?

I started my HR career with Curran Group in 2013. Prior to that, I worked for our subsidiary, Curran Contracting. I've been working for the Curran family for 26 years.

When it comes to human resources and benefits, how does your organization define success?

Our success is defined by our five core values and we always circle back to these when making business decisions, including benefits. We listen to what our employees want and try to make plan improvements each year. While we are in business to make a profit, it's really all about the 2,200 people that make up the Curran Group family. We are surrounded with talented individuals who share our core values and work towards a common goal. We have longevity. People spend their careers here.

How does your organization approach health benefits and overall well-being for your employees?

We strive to offer high-quality health care benefits that are affordable. We are concerned with our employees total well-being. We offer a rich retirement plan, including 401(k) and profit sharing along with offering retirement educational classes. Our wellness program includes on-site biometric screenings for employees and spouses, with a medical premium credit for participation. We host health fairs and flu shot clinics. Our employees also participate in weight loss competitions and step challenges.

From your perspective, how have health benefits changed and evolved?

I think the Affordable Care Act forced employers to re-evaluate their entire benefits package and make adjustments accordingly. Luckily, Curran Group was already providing the ACA required coverage, so our participants were not impacted although, the new reporting requirements this year provided quite a challenge. Another factor is the aging workforce. Employees are working into their 70's, which can lead to higher claim costs. As baby boomers exit the work place, millennials are joining. Employers are tweaking their plans to include benefits that are desirable to this generation.

How has Curran Group been innovative in delivering health care benefits?

The average Curran Group employee hasn't had a medical premium increase since 2012. While most employers have raised premiums, increased deductibles and out-of-pocket costs and imposed spousal carve-outs, Curran Group took on the financial burden without passing on any costs to employees. We offer a unique benefit for employees who waive our medical insurance, due to having other coverage. We allow them to enroll for dental and vision coverage at no cost. Several years ago, we became aware that a large population of our employees were diabetic or pre-diabetic. We now offer diabetic supplies, including glucose monitors, insulin and insulin pumps free to our employees. We make open enrollment a priority by holding on-site meetings. This fall our HR team will conduct 53 meetings in 29 days at 31 locations in 14 states. While some may feel this is old school, we like the personal touch this provides.

What are your thoughts on the future of employee benefits?

I expect to see a greater emphasis on financial and emotional well-being. Depression in the workplace has become a focus. And, more companies will offer telemedicine and on-site health clinics. Student loan reimbursement will gain popularity as a recruitment tool to attract those entering the work-force.

What benefits-related advice would you give other organizations/leaders?

Surround yourself with valuable resources, starting with a good broker. We teamed up with GCG Financial in 2013. They are leaders in the health care industry, always bringing new ideas to the table. They have been instrumental in helping us implement new plans. They assist us year-round in preparation for renewal time, as well as attending our open enrollment meetings. I also recommend joining an organization such as Employers Health to take advantage of their educational resources. The four companies that Curran Group owns are very diversified and offer great opportunities for networking. We host HR summits and conduct roundtables where everyone shares their ideas.

How long have you been engaged with Employers Health?

We joined Employers Health on January 1, 2016.

What value do you derive/perceive by being part of an organization like Employers Health?

This is our first year with Employers Health and we have been extremely satisfied with the services and opportunities it offers. In today's world of skyrocketing prescription drug costs, Employers Health's purchasing power has allowed us to better manage pharmacy costs and has given us the opportunity to be more involved in the process. I have enjoyed working with our account manager, Wendy Hench. She is knowledgeable and always happy to answer questions or help out at a health fair. I attended their annual Symposium, *Building a Thriving Workforce Through Benefits*, in May. I thought it was not only very worthwhile, but also a great networking opportunity.

"In today's world of skyrocketing prescription drug costs, Employers Health's purchasing power has allowed us to better manage pharmacy costs and has given us the opportunity to be more involved in the process."

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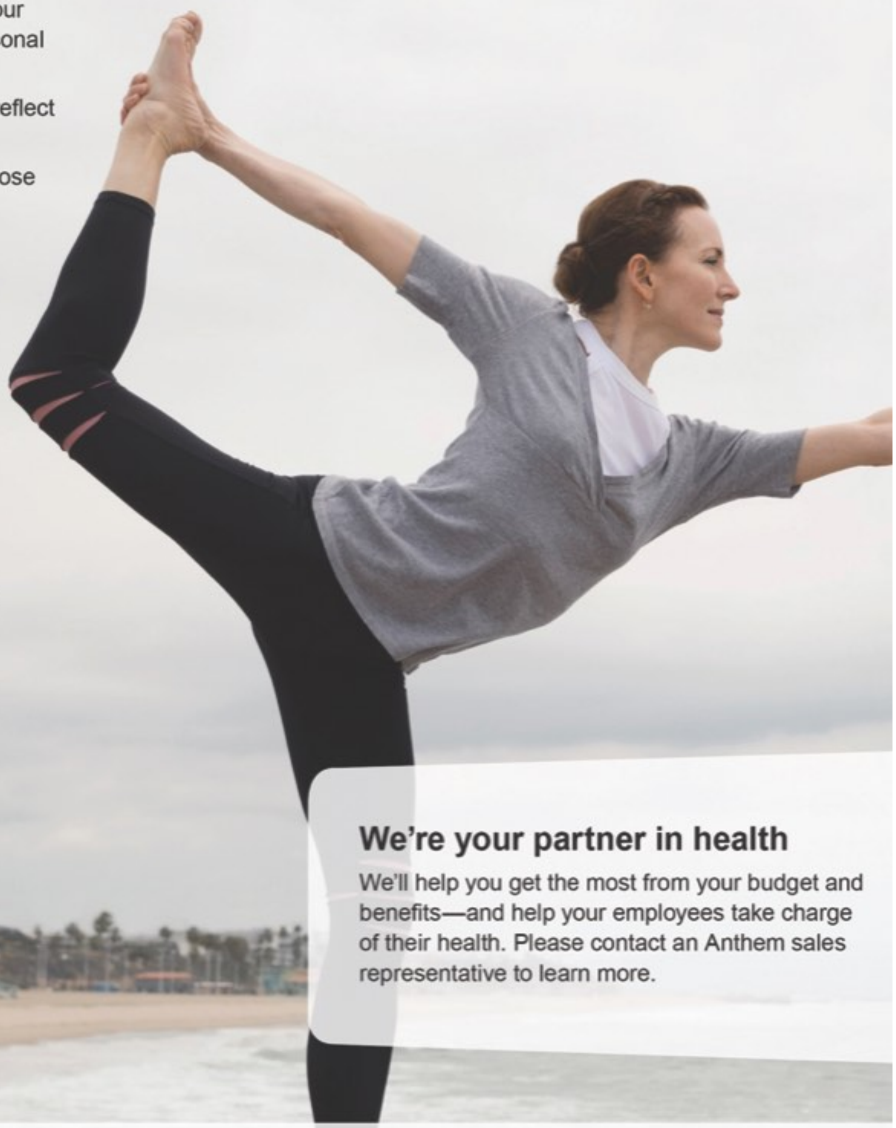
- **MyHealth Coach,** a dedicated coach to keep employees motivated
- **Fitbit**, fitness trackers for interactive wellness



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