Sapphire™

BlueCross BlueShield of Illinois

National Coordinating Committee for Multiemployer Plans (NCCMP)

September 20, 2022

TinC Regulations

All payers need to provide a compliant cost transparency solution by 1/1/23 in order to meet the Consolidated Appropriations Act (CAA) and Transparency in Coverage (TinC).

500 Shoppable Services (Available by 1/1/23)	✓
In Network Negotiated Rates	✓
Out Of Network - Maximum Allowed Amount by procedure	✓
Individual code-specific searching	✓
Member liability cost breakdown including deductible, coinsurance, and copays	✓
Real-time member accumulations of deductible, OOP Maximum and procedure limits	✓
Member disclosures, disclaimers, and notices of balance billing potential and prerequisites for service	✓
Tool availability for payer member services team to search on behalf of member during telephonic support	✓

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Organizational Objective:

Leverage the established vendor relationship and operational architecture. Evolve a compliant, Transparency solution for specialty markets (<u>self-administered</u> Multi-Employer customers)– effective 1/1/23

Considerations:

Expand a 2-party engagement, to a 3 or 4-party solution including the customer, the customer's IT vendor, Sapphire, & BCBSIL

Survey customer capabilities to influence requirements/design and discuss member engagement opportunities (Member Rewards)

Market and manage sales pipeline

Monitor and execute successful implementations

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Integration - Data Requirements & Alignment

(1) Customer / (2) IT Vendor Sourced Data

Member Authentication
- Single Sign-On (SSO) – Member Experience
- Direct registration (delivery in 2023/24)

Benefits and Accums Data

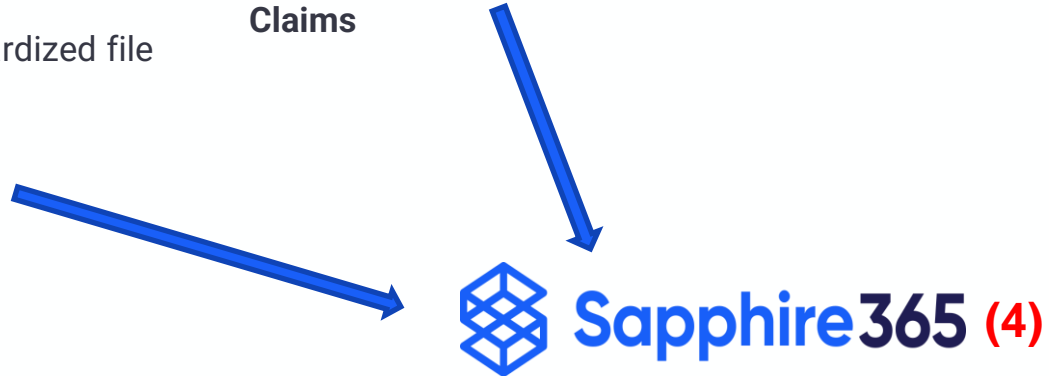- Data will be delivered via standardized file feed

Out of Network Methodology

(3) BCBSIL Sourced Data

Provider Data

Cost Data

Member Eligibility Data (w/ Member Rewards)

Claims

Sapphire365 (4)

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Sapphire has 10-Years of Proven Performance

Product
- ✓ Market leading user-centered experience design
- ✓ Third party solution integration
- ✓ New feature releases to meet evolving requirements

Process
- ✓ User-centered design
- ✓ Managing modification requests
- ✓ Gold star accelerated implementation

Technology
- ✓ Amazon Web Services (AWS)
- ✓ Flexible using - Angular & APIs
- ✓ Comprehensive end-to-end testing
- ✓ Complex benefit and network strategies

Client Relationships
- ✓ Steeped in technology, health plan and digital shopping expertise
- ✓ Strong health plan leadership experience
- ✓ Ongoing strategic client relationships with comprehensive reporting

HITRUST CSF Certified

section 508 compliance ✓

CERTIFIED NCQA HEALTH INFORMATION PRODUCTS

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Seven Data Elements of the Rule

Element 1 (UI)	Element 2 (UI)	Element 6 (UI)	Element 7 (UI)

Estimated cost-sharing liability for the item or service

The amount a Member is responsible for paying for a covered item or service under the terms of the group health plan or health insurance coverage.

Actual dollar amount +
Ranges +
Bundles +
Preventative/non-preventative

Accumulated amounts

The amount of financial responsibility a Member has incurred at the time a request for cost-sharing information is made, with respect to a deductible or out-of-pocket limit.

- Amount accumulated at the time of request
- Individual and accumulated to family
- Cumulative totals per service

Notice of Prerequisites to Coverage

Plans must provide notice, whenever applicable, that a specific covered item or service may be subject to a prerequisite for coverage.

Concurrent review, prior authorization, and step-therapy or fail-first protocols are the exhaustive list of prerequisites about which Plans would need to provide notice

Disclosure Notices

Specific disclosure notices must be made to participants, beneficiaries, and enrollees:

1. Balance billing
2. Actual charges
3. Estimated cost-sharing liability
4. Copayment assistance and other third-party payments
5. Recommended preventive service
6. Any additional information

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Seven Data Elements of the Rule (cont'd)

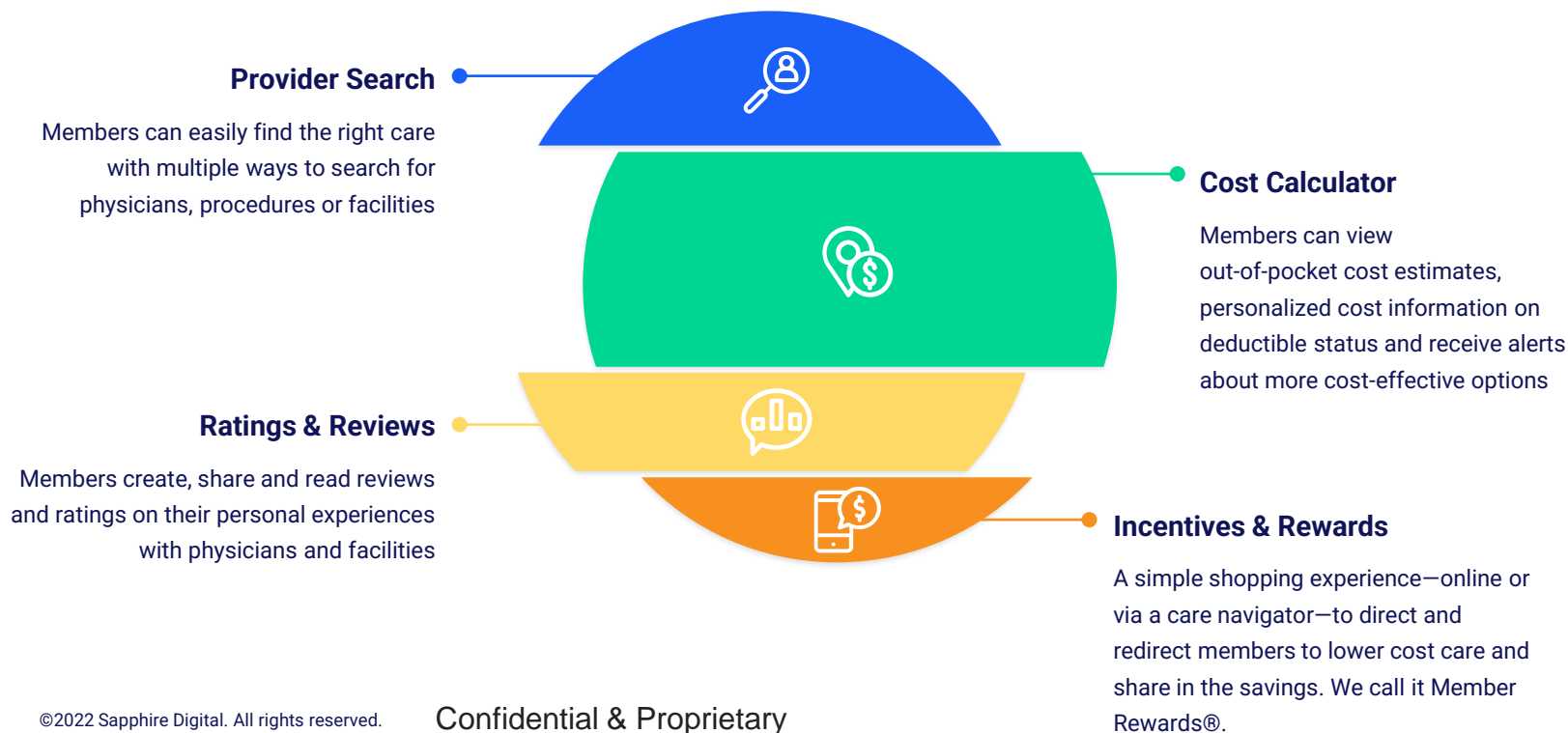| Element 3 (Data)	Element 4 (Data)	Element 5 (Data)
In-Network Rates Must be disclosed and reflected as a dollar amount for a requested covered item or service. Must disclose the underlying fee schedule rate used to determine Member cost-sharing liability only where that rate is different from the negotiated rate. Must disclose an individual's out-of-pocket cost liability for prescription drugs, and the negotiated rate of the drug.	**Out-of-Network Allowed Amounts** Plans must disclose the out-of-network allowed amount OR any other calculation that provides a more accurate estimate of the amount a Plan will pay for the requested covered item or service, such as a usual, customary, and reasonable ("UCR") amount.	**Items and Services Subject to Bundled Payment Arrangements** Plans must disclose a list of the items and services that are included in a bundled payment arrangement when the Member's cost-sharing liability is based on a bundled payment arrangement that includes multiple items or services. Must disclose global rate if applicable.

Other things to consider

Surrounding all of these elements are some general concepts to keep in mind.

1. Multi-user login will be required
2. The customer will need a view of overall cost and cost at the service level to make sense of the cost visibility
3. Guiding / educating users through cost transparency - more information may not be better
4. Searching based on service codes (CPT, ICD, HCPCS, etc.) may also be needed

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The Vision – Create a Comprehensive, integrated consumer shopping and engagement platform

Provider Search

Members can easily find the right care with multiple ways to search for physicians, procedures or facilities

Cost Calculator

Members can view out-of-pocket cost estimates, personalized cost information on deductible status and receive alerts about more cost-effective options

Ratings & Reviews

Members create, share and read reviews and ratings on their personal experiences with physicians and facilities

Incentives & Rewards

A simple shopping experience—online or via a care navigator—to direct and redirect members to lower cost care and share in the savings. We call it Member Rewards®.

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Sapphire365
Demo

Let us show you how we help make members the heroes of their own health journeys

Our intuitive **authenticated** provider discovery and cost transparency tools make it easy for members and patients to select better, more affordable care—helping them feel more in control of their health care spending.

- Searching for **different types of care**
- **Refining the search results** to find what would best meet the member's needs
- Exploring a **specific provider's detailed information**

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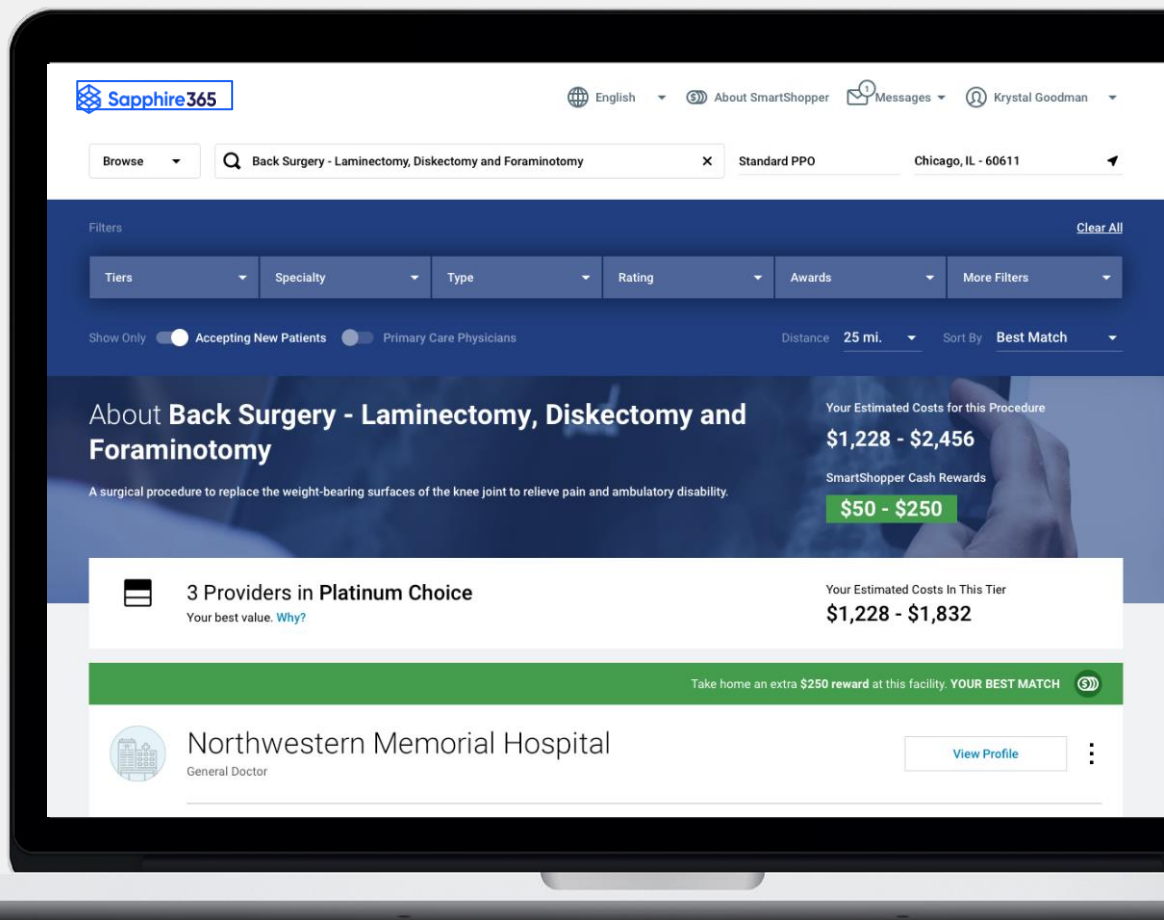
Provider Finder®

Integrating Transparency Benefit Search Into One Platform

Allows members to:

- Search Medical, Rx services on one platform in a retail-time experience

- Compare cost estimates for required services

- Understand and compare cost overviews (Deductible, Copay, Co-insurance, Limitations in Benefits)

- Read and write reviews

- Provider Finder personalized to a member's benefits; members will only see services available to them

Cost Estimate Search Results

Description of procedure or service

Compare up to 4 search results

View full cost breakout of procedure

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Consumerism Transformation is Under Way

- Shopping rates are up— 25% knee surgery, 60% colonoscopies, 21% MRIs
- Digital adoption in healthcare is up 200% in the past 10 months
- 55% intend to change how they access care in the future*
- 80% will schedule or reschedule a procedure within next 6 months*
- Personal Assistant (Concierge)Team - 85% Telephonic shopping calls result in booked appointments at lower cost locations for care

*Autumn 2020 Sapphire-Digital survey

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The Cost of Your Health Care
DEPENDS ON WHERE YOU PARK YOUR CAR

$1,500 AN HOUR

$60 AN HOUR

Member Rewards
IS A GAME CHANGER

Shop for common medical services based on price and location

- Cash rewards motivate employees to shop for options

- Choose a cost-effective provider

- Review third-party quality indicators

- Options with higher savings earn higher member rewards

- Higher redirection, more savings for employers

Average savings of
$527 PER CLAIM

Average reward paid to
member is **$107***

*Based on Sapphire Digital SmartShopper data Jan. 2021 through Dec. 2021 for medical services. The cost estimates shown on Provider Finder® for various providers, facilities, and procedures are just estimates. Savings and reward amounts depend on the options members choose.

Top Procedures Summary

November 2020 – January 2022

Top Shopping Procedures	
MRI	110,590
CT Scan	48,556
Colonoscopy	37,646
Mammogram	37,228
Lab/Blood Work	34,041
Ultrasound	15,471
Bariatric Surgery	12,169
Upper GI	5,034
Cataract Removal	3,676
Bone Density	3,344

Top Net Incentive Claims Savings Summary	
MRI	$3,682,439
Colonoscopy	$2,627,152
CT Scan	$1,539,857
Knee Replacement	$842,347
Bariatric Surgery	$726,650
Cataract Removal	$631,834
Hip Replacement	$542,856
Upper GI	$437,618
Shoulder Surgery	$310,321
Gall Bladder Surgery	$286,789

Source: Book of Business Performance Report, January 2022, provided by Sapphire Digital.

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Four Steps to Earning a Reward

1

The member's doctor recommends a medical service.

2

Log into S365 or call the Personal Assistant Team

3

The member has the procedure at the location of choice.

4

After the claim is paid and location is verified as reward-eligible, a check is sent to the member.

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Thank you

Sapphire Digital empowers roughly 100 million healthcare shoppers to find and connect to the right healthcare at the right time and at the right place. By eliminating the complexity, our simple and intuitive shopping and navigation tools help customers select better, more affordable care. Our market-leading integrated incentive and engagement programs are proven to drive higher levels of activation by rewarding shoppers for making the best decision within their plan design.

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