



Getting to know
ProAct[®]



Liberty Mutual.
INSURANCE

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ProAct®

Expert risk management and cost containment when you need it most

Strengthening your team in challenging times

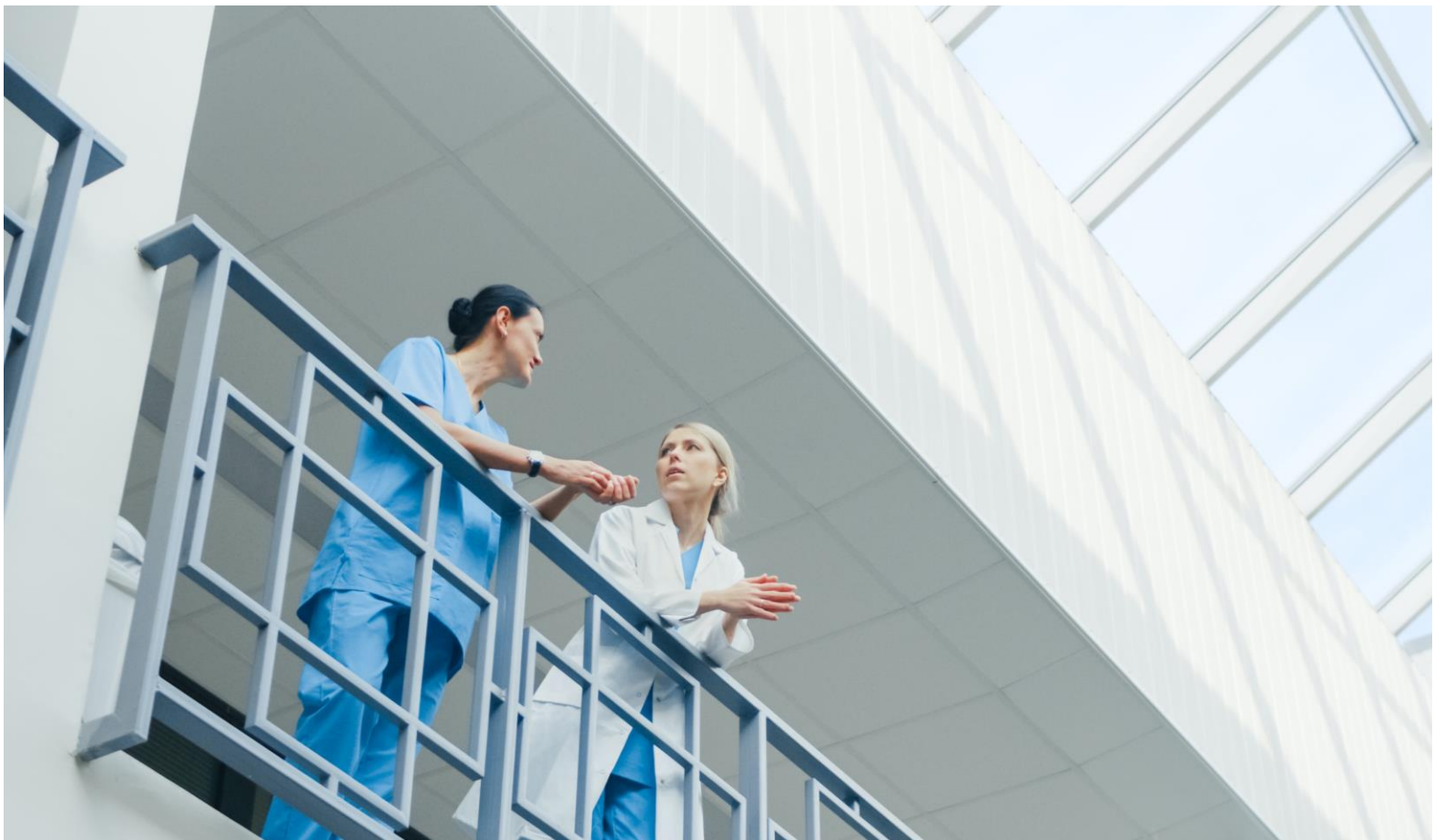
When you purchase medical stop loss coverage from Liberty Mutual, you get the advantage of ProAct, our advanced, voluntary risk-management program. ProAct adds further protection for your business with input from catastrophic claim professionals.

ProAct complements your program, creating a comprehensive solution for catastrophic situations.

Expert guidance for better results

ProAct gives you access to the best advice through our clinical team of on staff nurses. If a catastrophic claim arises, our team will listen to your concerns, connect with the appropriate professionals, and respond to you with information and solutions.

In many cases fees for vendor services can be considered as an eligible expense under the Stop Loss Policy for members that exceed the Specific Deductible.



Organ transplant program

The ProAct organ transplant program provides access to the best transplant networks in the country so you can be sure that your plan members have access to world-class care. Our networks' Transplant Centers of Excellence adhere to the highest medical standards and undergo stringent medical accreditation.

Program highlights

Access to five national transplant networks and their Centers of Excellence



Financial contract comparisons of network options



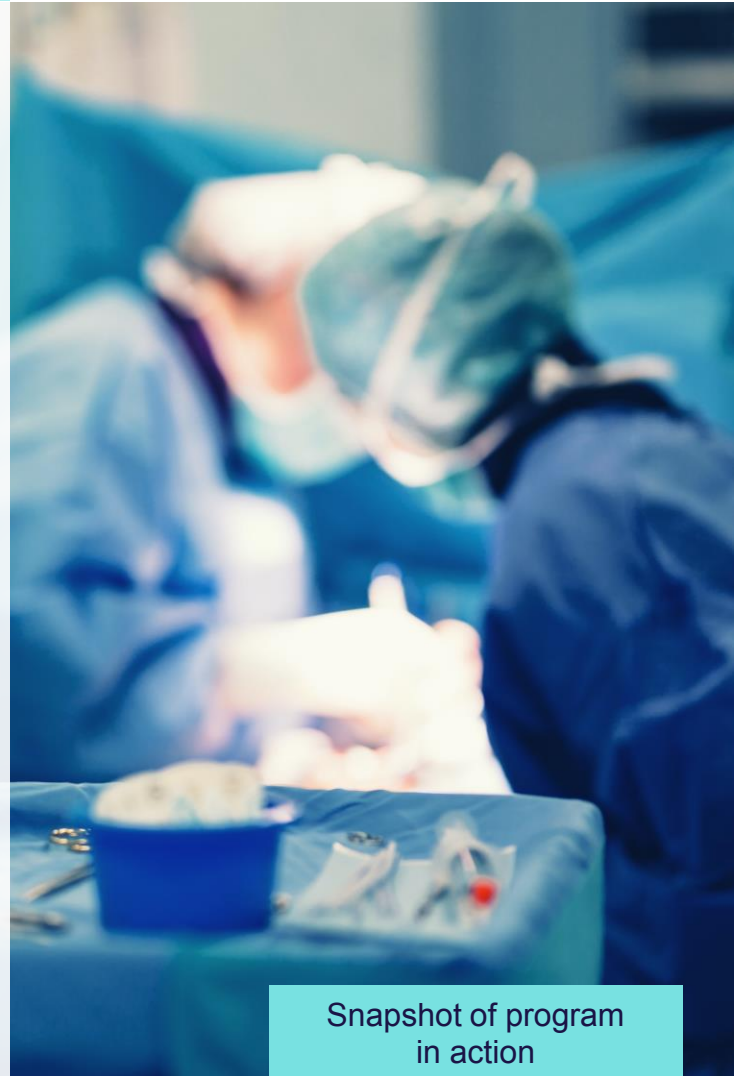
Review, analysis, and processing of results



Easy referrals



Access to our clinical staff



Snapshot of program in action

We work with you before the transplant to secure signed Access Agreements, so that when a transplant is needed, the referral process is accelerated.

Original Transplant price:

\$1,125,710.41

Transplant contract repricing:

\$640,700.96

Transplant contract resulted in:

43% cost savings



Cell and gene therapy

Gene and cell therapies use cutting-edge technology to treat many formerly incurable conditions by manipulating a patient's own cells. While this is an incredible scientific development, these therapies come with significant costs. Pursuing a contract through one of our vendor networks can substantially contain these expenses.

When there's potential for a gene or cell therapy claimant, it's important to notify the Liberty Mutual Medical Stop Loss team immediately. Getting these contracts in place early helps us make sure our policyholders are accessing the lowest cost for these new therapies.

Liberty Mutual stays up to date on the rapid pace of approved therapies in the pipeline and is a trusted resource for the most current approvals for our partners. Reach out to your underwriter if you have any questions.

Program highlights

Our network members have proven experience and success in gene and cell therapy.



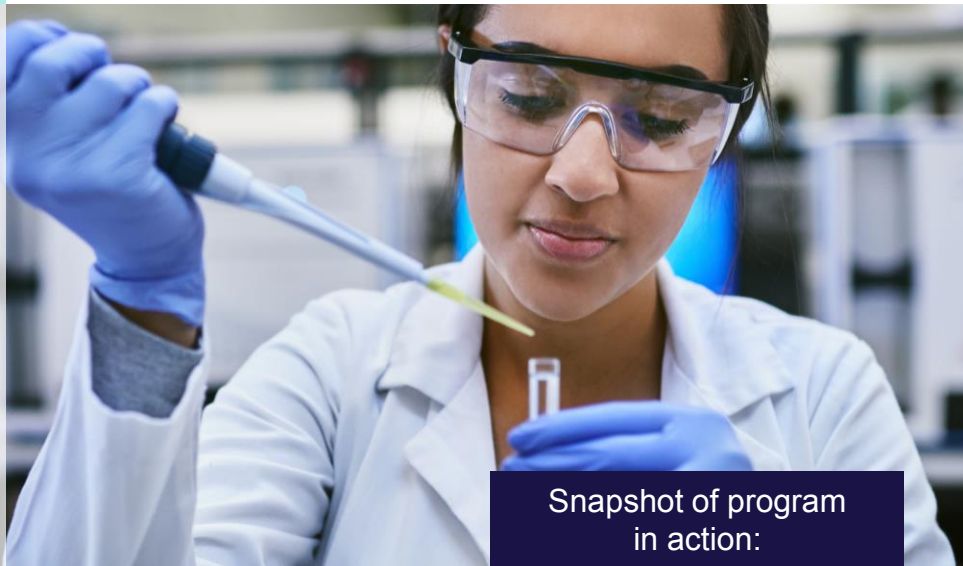
Comparison of network options in some cases



Exceptions for out of network providers



Easy referrals



Snapshot of program in action:

Currently approved therapies:

Therapy	Condition
Kymriah® (CAR-T)	Acute lymphoblastic leukemia
Yescara® (CAR-T)	Diffuse large B-cell lymphoma, follicular lymphoma
Luxturna® (gene)	Biallelic RPE65 mutation associated retinal dystrophy
Kymriah® (CAR-T)	Diffuse large B-cell lymphoma
Zolgensma® (gene)	Spinal muscular atrophy
Tecartus™ (CAR-T)	Mantle cell lymphoma
Breyanzi® (CAR-T)	Diffuse large B-cell lymphoma, follicular lymphoma
Abecma® (CAR-T)	Multiple myeloma

1

Original CAR-T price:
\$1.9M

With contract repricing:
\$350K

81% cost savings

2

Original CAR-T price:
\$2.5M

With contract repricing:
\$750K

70% cost savings



Out of network repricing, bill audit, negotiation, and recovery

It is common knowledge that a hospital's charge master, which dictates the billed charges, has little relation to the actual cost or quality of the care delivered to plan members — and yet your plan is expected to bear the burden of those costs.

The ProAct team has evaluated dozens of vendors to create a best-in-class suite of vendors that commit to the following elements, which are essential to success:



Program highlights

Professionalism

We know that your relationship with providers impacts you and your plan members. That's why our team includes only vendors that have the highest respect for provider relationships and know their role is to be part of the solution, not the problem.

Communication

It takes teamwork and open, frequent communication to drive outcomes. Our suite of vendors commits to a collaborative approach to repricing, bill audit, and negotiation because it knows the outcomes impact multiple stakeholders.

Provider signoff

Balance billing can be a human resources nightmare. Our vendors require provider signoff, reducing the number of headaches for everyone.

Limits on fees

Agreeing to fee billing limits (caps on fees) is one of the long-standing requirements of ProAct vendors. Our vendors agree to cap their fees, reducing expense to your plan.

Defensible recommendations

The last thing anyone wants is a legal challenge. Our vendors work with you to ensure their recommendations are legally sound and binding based on your plan.

Snapshot of program in action:

Bill review/negotiation with provider:

List charges:

\$479,785

Allowed amount after PPO:

\$287,871

Negotiation process resulted in:

51% cost reduction

Out of network repricing:

Some out of network providers expect your plan to pay 100 percent of charges. Let our vendors find a repricing solution.

Bill audit:

A 2017 article by News Max reports that four out of five medical bills in the United States have errors which add up to \$68 billion in unnecessary healthcare spending. Whether it is a financial review or medical review, if bill audit is not one of the tools in your toolbox, you are footing the bill.

Negotiation:

You may have seen recent news articles that document a \$12,000 emergency room bill for the diagnosis of a pelvic cyst and to provide pain medication. That is just the tip of the iceberg. Our vendors have the data to support reasonable payment of fair charges.

Recovery:

Post-payment bill audits and recovery can be a delicate subject, but when an error is made, it has to be corrected and recovered. Our vendors understand the tenacity and professionalism needed to handle these complex situations. When necessary, legal counsel is available to guide the process.



Specialty pharmacy programs

ProAct specialty pharmacy vendors achieve greater control of specialty drug prices. When we work together, our efforts can impact your stop loss coverage by reducing lasers and overall aggregate factors. Our programs are built to manage costs effectively by addressing specific specialty drugs and identifying the best options for our policyholders.



Program highlights

Benefit management:

Incorporate tools to manage major medical and PBM benefit overlap, separate bundled drug and service charges, and ensure that claims are directed to the correct payment source.

Conversion of Medical J codes to NDC-based processing:

Offer NDC-based repricing of medical pharmacy claims with an AWP minus pricing structure to ensure that drug claim reimbursements are based on the most competitive drug prices.

Experienced account management:

Provide a dedicated account team offering a single point of contact for clients and experienced plan implementation at the TPA and client level.

Clinical services and drug protocol management:

Provide clinical pharmacy experts and case managers who review key clinical data and new medications and protocols to ensure FDA guideline compliance.

Data management tools:

Data management tools allow for rebate data collection, patient compliance monitoring, drug utilization reviews, and client level reporting.

Site of service and appropriateness of setting:

Hospitals are increasing profit margins by administering drugs in their facility when another setting may be appropriate. Our vendors have programs in place to monitor this practice, and intervene when appropriate.

Benefits:

Save 15-40 percent on injectable and infusible drug costs. Achieve greater control over specialty drug delivery and associated costs. Aggressive discounts that impact lasers and overall aggregate factors. Uncoupled bundled drug and medical service charges. Accurate claims repricing of medical pharmacy claims. Manage data effectively with therapeutic and utilization report. Potential additional earnings to the TPA or group.



Dialysis services

The impact of end stage renal disease (ESRD) claims can be devastating to your bottom line. ProAct can customize a program that meets your cost containment needs with one or more of the following program options.



Usual and customary repricing program¹

When appropriate plan language is in place, and defensible, ERISA-appropriate, usual and customary repricing is applied, savings can average 84 percent. If the plan member is enrolled in Medicare Part B, there is often no risk of member balance billing. Our dialysis vendors will be able to review plan language to help mitigate risk under the Plan.



Reference-based pricing¹

When appropriate plan language is in place, reference-based pricing can limit the Plan's allowable amount to a factor of the Medicare allowable amount. As with usual and customary repricing, if the plan member is enrolled in Medicare Part B, there is often no risk of member balance billing. Our dialysis vendors will review plan language to ensure risk is mitigated under the Plan.



Dialysis specialty networks

Our dialysis specialty networks provide exclusive dialysis provider contracts, giving you the security of guaranteed discounts on billed charges.



Negotiated and PPO discounts

Our dialysis vendors can also negotiate discounts or access PPO discounts at most dialysis centers as well as assist in placement at lower cost centers.

¹ Please refer to Medicare Second Payer Act, which can be found at (www.cms.com)



Cancer management

ProAct cancer management vendors provide comprehensive, personalized support from a multi-disciplinary team for members undergoing chemotherapy and radiation for cancer. We begin with understanding the member's cancer type and stage of disease, as well as any prognosis, cultural and economic needs, and family/caregiver involvement and concerns.



Program highlights



Cases are managed by oncology nurse specialists who are experienced in cancer care



Expert support from physician panel including board certified oncologists



Proactive review of all treatment plans using nationally recognized evidence based on clinical criteria



Shared decision making with patients based on their journey goal, stage and prognosis

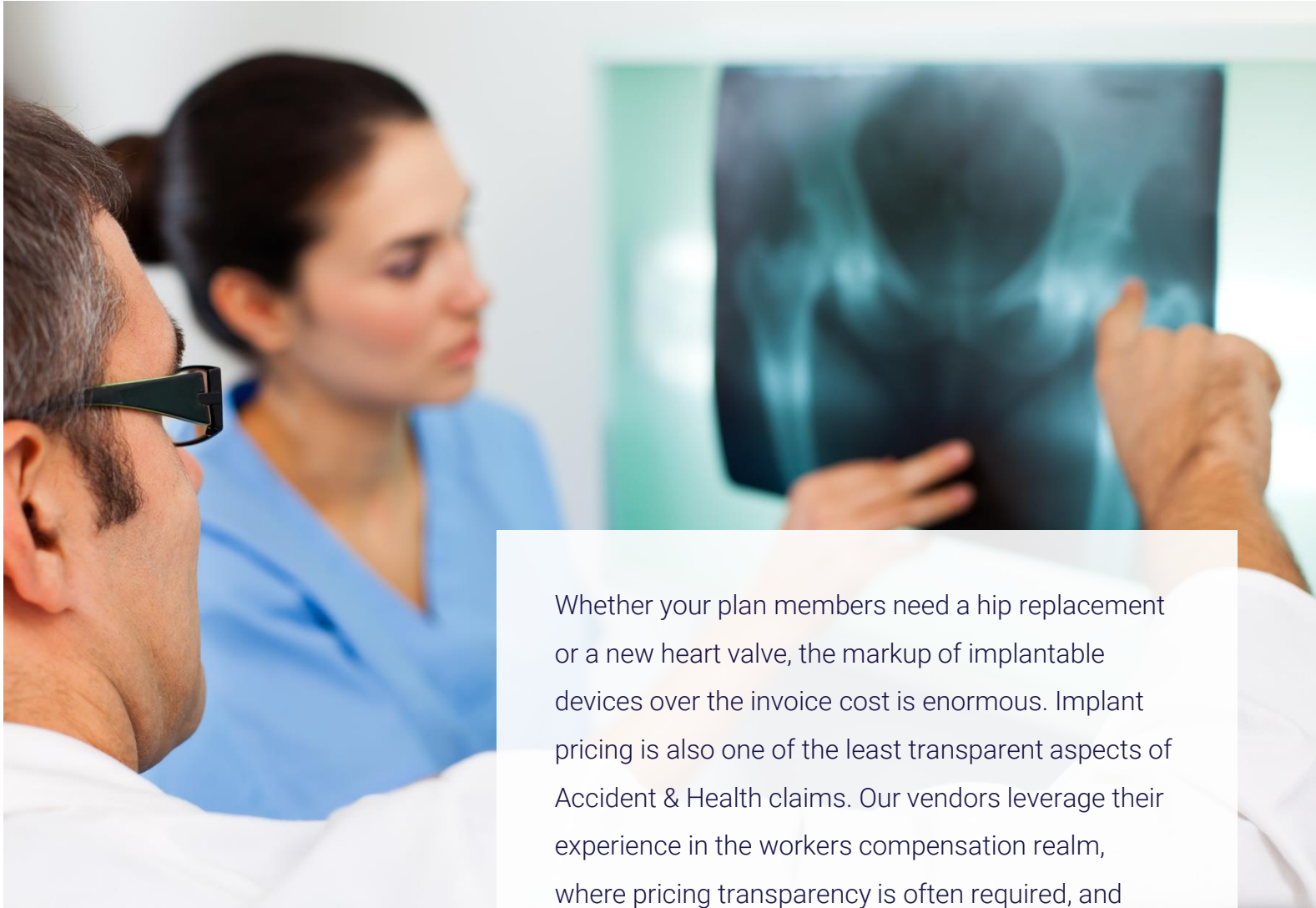


Independent medical review

Complex claim situations sometimes need expert and independent advice. Whether you need medical case reviews, pharmacy benefit reviews, or utilization management reviews, our Independent Medical Review vendors are all URAC accredited with highly trained compliance staff, nurses, and physician panels that cover an extensive list of medical specialties and sub-specialties in all 50 states.



Implantable devices



Whether your plan members need a hip replacement or a new heart valve, the markup of implantable devices over the invoice cost is enormous. Implant pricing is also one of the least transparent aspects of Accident & Health claims. Our vendors leverage their experience in the workers compensation realm, where pricing transparency is often required, and apply that knowledge to help you get the lowest possible cost on these high-frequency claims.



NICU

For health plans or employers, the economics are the same: NICU cases are relatively rare, but often complex and very costly. According to a Sun Life survey, an employer had a 19.6% chance of having a stop-loss claim related to short gestation or low birthweight. Such complicated births are few relative to total claims that a payer handles, but they are often high in clinical complexity and result in high-cost claims — especially when specialized utilization management solutions are not in place.

Our singular focus on this population enables us to more effectively manage the variables that impact outcomes, including:

Program highlights



**Appropriate diagnosis/
NICU leveling/
length-of-stay**



**Readmissions rates/
ER visits**



Payment integrity



**Social determinants
of health**



Plan Document wording and design

We understand that the Plan Document is the foundation of your Benefit Plan. In our ever-changing industry, keeping up with legislative changes, while providing the most appealing benefits to your plan members, can be a full-time job.

Let our vendors ease the burden with legal teams renowned for their expertise in plan design. As a Liberty Mutual customer, you can rest assured you will have the most qualified experts standing with you.



Innovative Plan Document design

The ProAct Plan Document vendors offer expert advice, from simple revisions of existing Plan Documents to creation of a plan from the ground floor. Our vendors can create a unique plan totally customized to your specifications so that the Plan Document's terms accurately reflect the Plan's intentions. Our vendors stand by their language and ensure that it can withstand legal challenges, if needed.



Plan Document review and revision

The Plan's rights are only as good as the plan language. Incomplete wording or a lack of essential provisions reduces or eliminates savings opportunities. To eliminate this risk, our vendors will review and analyze Plan Documents, make key recommendations, stay abreast of legal developments, and provide provisions intended to maximize the Plan's rights. To accommodate unique requirements, our vendors will customize the Plan's provisions based on policyholder needs.



Regulatory and legal compliance updates

It can be difficult to keep up with changing laws and regulations. Our vendors have the legal expertise to keep your plans up to date with all regulatory and legal changes affecting our industry. By partnering with one of our select vendors, you will gain access to legal compliance solutions and updated Plan Document provisions for all industry topics.



Third Party Agreement review

Adhering to the terms of the Plan is one of the keys to success in self-funding. Yet third-party entities often have expectations that may conflict with the Plan Document. Our vendors will review any Third Party Agreement so you will have confidence that the terms do not contradict the Plan Document. After the analysis, recommendations will be provided for revised contractual language and customized plan language, if needed.



Top reasons to choose



A flexible,
comprehensive
insurance program



Experienced,
tenured team



Superior services
and claims outcomes



Financial strength,
security, and capacity

Fortune 100 carrier



Learn more about safeguarding your team with ProAct today

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