



2024 Medicare Spring Forum Presentation Summary

Medicare legislative landscape



Federal and State regulatory considerations for Medicare plans

Learn about the latest federal and state rulings, legislative trends and possible impacts on Medicare plans.

Kimberly Draper, VP, Regulatory Affairs; Sergio Santiviago, Lead Director, Government Relations

Key Takeaways:

- Growing bipartisan skepticism around PBM practices, Utilization Management tools and the role plan sponsors, health insurance issuers and PBMs play in drug supply chain
- Current federal legislative session has seen most scrutiny on health plan prescription drug benefits and PBM practices in years; new legislation pushed by industry opponents have not been passed
- Pending election season will likely see reduced momentum for anti-PBM and new limitations until January 2025
- Industry opponents are expected to vigorously resume their efforts to limit plan sponsors' ability to determine their own drug coverage designs, including access to drugs at lowest net cost

Preparing for 2025



IRA and actuarial landscape and insight

Information about current IRA headwinds including response/guidance from CVS Caremark.

Kevin Pierce, FSA, MAAA, Senior Consulting Actuary, Milliman; Michelle Klein, FSA, MAAA, Senior Consulting Actuary Milliman; Becky Justice FSA, MAAA, Executive Director, Actuarial Services

Key Takeaways:

There are multiples things plans should consider and we encourage you to discuss these with your account team:

- Consider impact of manufacturer phase-in and risk adjustment changes for their 2025 bids
- Be aware of how members progress towards \$2,000 Maximum Out Of Pocket (MOOP) and incorporate new CMS guidance
- Consider/include impacts of bad debt and administrative expenses from Medicare Prescription Payment Plan (M3P) in 2025 bid



Operational readiness

Learn about our operational readiness including benefit redesign, M3P, formulary and clinical options, reporting and analytics tools.

Bruce Feodoroff, VP, PBM Government Services; Yvonne Southwell, VP, Medical Affairs; Sara Nelson, Lead Director, Regulatory Affairs; Rebekah Ocker, RN, CCA, Senior Manager, Government Programs Strategic Insights & Communications

Key Takeaways:

- Health plan clients have access to full-service solution meeting all requirements of M3P
- Talk to your account team to ensure you've opted for the M3P solution that best meets your needs
- IRA changes to existing Part D benefit design necessitate formulary and UM options with narrower coverage for flexibility in supporting redesign impacts
- Beginning 1/1/25, CMS will include "oral-only drugs" as part of End-Stage Renal Disease (ESRD) bundle; if Kidney PATIENT Act passes, bill would further delay implementation until 2033
- Wegovy for cardiovascular disease (CVD) risk reduction is coverable indication in Medicare Part D and will be appropriately managed by confirming alignment to labeled indication
- CVS Caremark is working diligently to implement operational changes related to 2025 Medicare Part D Redesign; volume of changes and releases require continued partnership through welcome season
- Tools are available to monitor IRA regulatory changes, view member analytics and monitor effectiveness of plan design changes





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Stars insights and capabilities to enhance quality performance

Leverage insight from our panel of experts about how CVS can help clients impact their Stars performance.



Moderator: Shelley Clermont, Executive Director, Government Programs Quality Performance Panelists: Anna George, Senior Manager, Population Health, Oak Street Health; Jack Shamshoian, Executive Director, Product Management; Meghan Sinclair, VP, Product, Signify Health; Neeraj Thakur, Pharm. D. Executive Director, Retail Health Product & Services; Matt Wilson, VP, Care Solutions

Key Takeaways

- Enhanced targeting model will incorporate current and historical member data and unique member experience information to create a personalized and evolving view of the member
- Connection of care delivery assets will allow us to influence and close member gaps in care; this will lead to improved outcomes for plan and member

Insight and solutions to support client needs and goals



Consumer insights for improving adherence

Hear results from two-part study to help identify, quantify and address factors that contribute to non-adherence plus learn about communication strategies to help support medication adherence.

Kim Craig, Senior Manager, Government Programs Strategic Insights & Communications

Key Takeaways:

- Research identified eight key barriers to medication adherence
- Demographic, attitudinal and behavioral differences among non-adherent members can be used to inform plan response
- There is opportunity to address adherence for multiple Stars-conditions simultaneously
- Targeted messaging, education and care coordination can help to inspire change for most vulnerable members
- Communicate to ensure members are using available resources and understand benefit of taking medications as prescribed



Investing in mail order to elevate member experience

Learn about improvements to the mail order lifecycle including results, key themes and how clients can educate members.

April Stare, Director, Quality Program Management; Osmayda Nasco, Executive Director, Mail Order Pharmacy Operations; Vicki O'Connor, Senior Manager, Government Programs Strategic Insights & Communications

Key Takeaways:

- Partners across the enterprise are collaborating to elevate member experience at mail
- Through data reviews, key themes were identified to enhance communications for best-in-class mail order member experience
- Promotion of mail order pharmacy and education of members is key to increasing adoption and satisfaction

