



PULSE + PlusTM

Administrative Manual



Table of Contents

About PartnerRe	3
PULSE + Plus™ Overview	4
PULSE + Plus™ Transplant and CarT Program	5
PULSE + Plus™ High Dollar Claim Review and Negotiation Program	5
PULSE + Plus™ Specialty Pharmacy Program	6
PULSE + Plus™ Dialysis/ESRD Program	7
PULSE + Plus™ Congenital Heart Disease Program	7
PULSE + Plus™ Oncology Program	8
PULSE + Plus™ Ventricular Assist Device Program	8
PULSE + Plus™ Air Ambulance Program	8
PULSE + Plus™ Alternative Payer Solutions Program	9
Reporting	10
Quick Reference Guide	122



About PartnerRe

PartnerRe is an acknowledged leader in providing risk management solutions to accident and health markets around the world. Our team of experienced professionals develops innovative, client-specific solutions by thoroughly understanding our clients' goals, risk tolerance and exposures. Then, using a suite of proven proprietary financial and analytical tools, we design an effective risk management program with extensive support services. Our broad portfolio of programs and services, together with our commitment to customer service and long-term partnerships, has made us the preeminent accident and health reinsurer in the industry.

These programs and services include:

- HMO and medical reinsurance
- Employer and provider excess of loss
- International medical
- **PULSE + Plus™**

PULSE + Plus™ is available to all our medical clients and is one of the largest and most comprehensive programs available to support, educate, and assist our clients in effectively managing their risk through quality, integrated solutions that can optimize clinical and financial outcomes. Please take advantage of this valuable program.

PartnerRe is a top reinsurer worldwide, with total assets of \$23 billion and total capital of \$7.9 billion (at 12.31.18), as well as a solid track-record of growth and profitability since it was formed over 25 years ago. PartnerRe Health leverages the strength of a financially strong and dynamic organization to better serve our clients with products and services that create financial peace of mind.

At PartnerRe helping clients successfully manage accident and health risk is what we do. We believe in providing the highest quality of programs and services and creating solutions in anticipation of changes in the market, to meet the needs of our clients.

For more information about PartnerRe, please visit www.partnerre.com.



PULSE + Plus Program™

PULSE + Plus is an integrated, state-of-the-art program that helps our clients proactively manage healthcare risk exposure and find optimal solutions for evolving healthcare challenges. **PULSE + Plus™** is invested in and passionate about supporting our clients in mitigating financial risk. We offer customized solutions to meet your unique needs through active engagement, tools, resources and access to specialty service providers. Our team includes nurse clinical consultants, cost containment specialists and transplant network experts. More than just a referral, our team stays involved throughout the process and suggests comprehensive solutions to generate real savings.

PULSE + Plus™ Program Goals

Educate – We provide up to date information and expert opinions on healthcare developments, helping you sift through trends and costs. We deliver current, relevant and timely high cost drug and diagnosis information during our outreach consultations, social media postings, email outreach and webinars.

Validate – Our clinical experts work with you to endorse or refute reasonable costs and provide consultation on challenging treatment plans associated with large claims.

Collaborate – As an integral part of the risk management team, we take a proactive approach to present and oversee customized solutions that impact bottom line savings.


Solve – Because each large claim is unique, we judiciously propose what will provide best savings, and support you as you implement services to manage your large claims.

Why work with us?

- Incurred claims costs are driven by a very small percentage of overall members.
- PartnerRe's **PULSE + Plus™** Program exists to identify and manage our mutual risk with our clients.
- We are here to help you identify and consult on your highest claim cost members.
- Prompt notification and open communication are paramount to success in managing your high cost claims.
- We strive to identify the costs before they happen, because we know **Pulse + Plus™** services are most effective prior to payment
- You will have a dedicated nurse clinical consultant that will work closely with you to provide cost management solutions, education and support while managing your high cost claims.
- There is no cost for **PULSE** services, but service fees may be incurred for services provided by our specialty service providers. Your clinical consultant would be happy to provide you with additional detail as costs can vary by service and provider. Please be advised that upon acceptance by the specialty service provider, Payor (Client) is responsible for payment of applicable service fees.

PULSE + Plus™ Program Services

- Transplant Networks
- High dollar claims review and negotiation
- Specialty service provider network access

- 
- Specialty Pharmacy
 - Dialysis
 - Congenital Heart Disease (CHD)
 - Oncology
 - Chimeric Antigen Receptor-T Cell (CAR-T)
 - Ventricular Assist Device (VAD)
 - Air Ambulance
 - Alternative Payor Solutions

Transplant and CAR-T Program

PULSE + Plus™ takes a client-centered approach to organ and tissue transplant management to fit our client's risk appetite and unique coverage needs. We offer proven risk management solutions dedicated to optimizing both clinical and financial outcomes.

Organ and bone marrow transplants are a leading driver of catastrophic costs for health plans, including self-funded groups. Expanding transplant waiting lists, technological advancements and changes in contracting methodologies all add to the complexity and growing expense.

Program Features

- Provide reduced access fee rates to support your cost savings efforts - given the volume of transplants placed by the **PULSE + Plus™** Program;, we pass our preferred access fees on to our clients
- Provide access to the top national transplant and CAR-T networks
- Access to **PULSE +Plus™** transplant contract experts, who perform prospective analysis and selection of the most favorable contract on a financial basis
- Facilitation of extra contractual agreements, if contracts are not available
- Identification of high dollar transplant and CAR-T stays for potential bill review
- Ongoing support for transplant and CAR-T education available by your **PULSE + Plus™** team of clinicians and transplant experts
- Available to consult as a resource for interpretation of the Scientific Registry of Transplant Recipients (SRTR) data by facility including wait times, quantity performed and outcomes
- Act as resource for interpretation of the Center for International Blood and Marrow Transplant Research by facility wait times, quality performed, trends, outcomes and survival data.

High Dollar Bill Review and Negotiation

A large percentage of high dollar claims have inappropriate charges relating to level of care, unbundling, experimental/investigational therapies, medical never event (serious, largely preventable medical events) and other billing errors. Therefore, even with exceptional case management efforts and contractual rates, high dollar billed charges should be reviewed to ensure only eligible charges are considered for payment. At PartnerRe, validating appropriate reimbursement is part of the due diligence we facilitate in partnership with highly skilled service providers to mitigate your risk.



Program Features

- Complimentary review to determine whether a full review is warranted
- Oversight of the entire review process through sign-off, settlement or case closure
- Analysis of all high dollar charges to determine whether the billing chronology mirrors the patient's clinical condition
- Determines if the billed charges are consistent with medical billing standards and plan design.
- Available for both in network or out of network charges
- Addresses charges in excess of industry-accepted reasonable/customary norms.
- Looks for unbundling or redundant charges
- Uncovers therapies that are considered experimental under the plan design
- Uncovers duplicate or non-applicable charges billed in error
- Results in respectful resolution that preserves the payer-provider relationship
- Uncovers medical costs attributable to an adverse or never event
- Access to specialty service providers that are respected experts in the industry

Specialty Pharmacy

Specialty pharmaceuticals are being approved by the FDA at an accelerating rate. They have become one of the highest cost items for payors. According to Advanced Medical Strategies, specialty drugs compose 1.9% of total prescriptions, but account for 37% of total drug spend. Many specialty pharmaceutical costs are buried within medical bills and can be difficult to uncover.

PULSE + Plus™ can help mitigate these costs. PartnerRe brings its clients updates on new and developing specialty pharmaceuticals as well as recommendations to assist in delivering cost savings for these high cost drugs. **PULSE + Plus™** works with its specialty service providers to offer a collaborative approach to solve your high-cost pharmaceutical challenges.

Program Features

- Identify situations where more cost effective sites of administration of high dollar specialty pharmaceuticals may be available
- Proactive engagement and review of the medical spend on high-dollar drugs
- Sources to validate cost and bring price transparency
- Potential procurement of better specialty pharmaceutical rates
- No fees unless cost savings realized
- Information on trends and newly approved specialty drugs through webinars, articles, email distribution and trigger diagnosis lists on specialty pharmaceuticals
- Locate lower cost pharmacy sourcing for smaller providers such as home care agencies
- Validation of appropriateness of diagnosis and dosage



Dialysis/ESRD Program

ESRD (End Stage Renal Disease) is when the kidneys are no longer able to remove waste or excess fluid from the blood. ESRD results in the need for kidney dialysis and/or a kidney transplant.

Medicare Payor Support for ESRD

Patients are Medicare eligible no matter how old they are if all of the below apply:

- Kidneys no longer work
- Regular dialysis is required or have had a kidney transplant

One of the following applies:

- Worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a government employee
- Already receiving or are eligible for Social Security or Railroad Retirement benefits
- The spouse or dependent child of a person who meets either of the requirements listed above

For more information visit: <https://www.medicare.gov/people-like-me/esrd/getting-medicare-with-esrd>.

Program Features

- Dialysis network analysis
- Dialysis bill review to support cost savings efforts
- Clinical education and support
- Organ and tissue management through customized transplant networks that fit our clients' risk appetite and unique coverage needs
- **PULSE + Plus™** Alternative Payor Solutions Program assists our clients to recognize Medicare as an additional or offsetting payment source
- Support you need throughout the process as you manage your ESRD membership

Congenital Heart Disease (CHD) Program

Congenital (meaning present at birth) heart disease is a term used to describe a number of different conditions that affect the heart. CHD affects 1 in 20 babies born in the United States, making heart defects the most common birth defects. CHD can range from simple to complex. Some conditions can simply be watched by a cardiologist while others require complex surgery sometimes soon after birth. CHD is relatively rare, very few facilities capture enough volume to develop the expertise.

Program Features

- Access to the industry's leading CHD Centers of Excellence network
- All facilities in the network have been credentialed based on the volume and clinical outcomes
- Use of a CHD network contract can reduce the chance of discharge mortality
- Use of a CHD network contract can reduce the members' length of stay.



Oncology Program

More than one in three people get diagnosed with cancer during their lifetime. Advancement in treatments and an increasing amount of FDA approved medications, make cancer one of the most prevalent and costly medical conditions.

Program Features

- Cost mitigation through customized oncology network analysis and placement, which provides access to cost-effective, high-quality cancer care for complex, hard to treat and hard to diagnose cancers
- Oncology bill review to support cost savings efforts
- Clinical education and support
- Support you need throughout the process as you manage your oncology members

Ventricular Assist Device Program

When a heart isn't strong enough to efficiently pump blood throughout a person's body, a ventricular assist device (VAD) implant may be needed. This device does not replace the heart, but helps improve its function. VADS have two primary uses:

1. Bridge to Transplant (BTT)-the device is intended for short to intermediate-term use in patients actively listed for transplantation
2. Destination Therapy (DT)-the device is placed with the intention of long-term support in patients who are not transplant candidates


The volume of VAD procedures continues to trend upwards every year and the importance of containing VAD costs become increasingly apparent. The cost of VAD procedures and post-implant device maintenance face costly and dynamically changing expenses.

Program Features

- VAD bill review to support cost savings efforts
- Clinical education and support
- **PULSE + Plus™** VAD Program offers cost mitigation through customized VAD network analysis and placement
- The support you need throughout the process as you manage your VAD members

Air Ambulance

Air ambulance costs have increased dramatically over the past 20 years due to self-referral by health care providers, inappropriate utilization, and the pricing power of limited air ambulance providers in geographical areas. There is an overabundance of both helicopter and airplane providers, which has led to inappropriate utilization and a potential for egregious charges. The providers are unlikely to negotiate, which creates difficult situations for both payors and patients alike. Our Air Ambulance



Specialty Service Provider is concentrated solely on the Air Ambulance market, and is an industry leader on providing cost reference data that has been validated in legal proceedings.

Program Features

- Prior authorization services, including access to a network for inter-facility transports
- Medical necessity review
- Review of claims for reasonableness of charge
- Claims negotiation and re-pricing
- Consulting services to help payors develop strategies and plan language to control Air Ambulance expenditures

Alternative Payor Solutions

The Medicare and Social Security Disability Insurance (SSDI) process can be challenging. Medicare is more than just health insurance for over age 65 retirees as coverage may be available to individuals with a qualifying disability. Identification of Medicare entitled individuals can result in savings to the Employer and/or health plan. Every year, 1.5% to 3% of pre-65 retirees, employees and dependents become disabled, according to SSDC. Even a small eligible population of disabled individuals brings higher utilization and cost than a more representative sample. The identification and qualification process can be difficult and confusing and **PULSE + Plus™** can help. We know that providing professional representation for qualified individuals increases the chance for achieving SSDI. Qualification for Medicare is often achieved after receiving an SSDI condition status and coverage award. Once identified, Medicare becomes the primary healthcare payer 24 months after benefits are initiated for the SSDI identified insureds, therefore it is imperative to appropriately identify those members who may be eligible for SSDI, and thus, Medicare.

Program Features

- Proprietary analysis and data integration process to identify individuals who are likely to qualify for Social Security disability awards
- Assists our clients to recognize Medicare as an additional or offsetting payment source
- Identifies individuals enrolled in Medicare to allow the health plan to shift from a primary payer to a secondary payer
- Applies to qualifying retirees, inactive employees and their spouses and dependents of the health plan
- Continuous tracking for future SSDI eligibility within the covered health plan population
- Provides the recovery of medical payments for individuals who were unknown as Medicare primary status
- No fee unless an individual is awarded benefits
- Oversight of the program activity through resolution
- Provides assistance to clients by working directly with eligible members and facilitating the application process, enabling them to receive social program benefits to which they are entitled
- After 24 months, Medicare is considered primary and the plan secondary, producing substantial savings for our clients



Reporting

Reporting is a central aspect of PartnerRe's interactions with our clients, and you are contractually required to submit a monthly report of all medical and prescription drug claims that have reached 50% of the specific deductible. Reporting is pivotal in order to identify high risk circumstances. By submitting complete, regular reporting, the Pulse team is able to proactively identify situations where we can help mitigate risk and impact financial outcomes. In addition, high quality reporting enables both you and PartnerRe to keep an ongoing record of a catastrophic diagnosis or event, and track problematic diagnoses, trends, and providers.

To make it easier for our clients to submit reporting to us, we are happy to provide you with an Excel template. .

Why submit regular, high-quality reporting?


- Allows **PULSE** to identify potential opportunities for cost savings.
- PartnerRe identifies trends in claims and acts as your advocate.
- Can ease your claims submission and adjudication process.
- The reporting serves a dual purpose for underwriting and claims.
- Identify trends in your entire population, including frequency or severity.

What members should be included in the reporting?

- All members with trigger diagnoses and approvals for trigger pharmaceuticals. The list of trigger pharmaceuticals is available at www.partnerre.com/health
- Members anticipated to reach 50% of the specific deductible, regardless of diagnosis
- Any member admitted to an acute care facility for over 30 days
- All members with any month of paid Rx claims over \$15,000

How should the reports be submitted to PartnerRe?

- Reports should be submitted on a monthly basis.
- Through PartnerRe's ShareFile or emailed securely to claimshealth@partnerre.com
- In an Excel format, inclusive of members reported above, with the following fields:
 - Report Date
 - Incurred Date range of report
 - Paid Date Range of Report
 - Carrier
 - TPA
 - Member First Name
 - Member Last Name
 - Member ID
 - Member DOB
 - Subscriber First Name

- 
- Subscriber Last Name
 - Subscriber ID
 - Subscriber DOB
 - Medicare Status
 - COBRA Status
 - Member type / population
 - Coverage Effective Date
 - Coverage Termination Date
 - Date of Death
 - Claim ID
 - Reversal Code
 - From Date
 - To Date
 - Admission Date
 - Discharge Date
 - Check Name (Paid to)
 - Rev Code
 - HCPCS
 - Primary ICD10
 - Secondary ICD10
 - Secondary ICD10
 - Secondary ICD10
 - DRG
 - Modifier 1
 - Modifier 2
 - Rx Brand Name
 - Rx Days' Supply
 - NDC
 - Billed Amount
 - Paid Amount
 - Place of Service
 - Bill Type
 - Date Received
 - Date Paid
 - Claim status
 - Claim Status Reason

INSURANCE FRAUD WARNING

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, is guilty of insurance fraud and is subject to criminal and/or civil penalties as defined by your state statutes.

WARNING: These forms contain personal and Protected Health Information under HIPAA and may be transmitted only in a HIPAA compliant medium. DO NOT SEND VIA AN UNSECURED E-MAIL TRANSMISSION. WE ENCOURAGE YOU TO SEND VIA SHARE FILE.



Quick Reference Guide

PULSE + Plus™

Our goal is to support, educate and assist our clients in effectively managing their risk through quality, integrated solutions that optimize clinical and financial outcomes. For assistance in medical management and/or cost containment, please e-mail pulse@partnerre.com.

Contact Information:

Missy Kveene, RN Vice President, Managing Director PULSE + Plus™ missy.kveene@partnerre.com office 1 612 234 4918 mobile 1 612 469 1231	Jennifer Carpenter-Fournier Senior Cost Containment Specialist PULSE + Plus™ Program jennifer.carpenter@partnerre.com office 1 612 234 4939
Victoria Buchanan, RN, CCM Clinical Consultant PULSE + Plus™ Program victoria.buchanan@partnerre.com office 1 913 871 7202	Kelly Raushel Cost Containment Specialist PULSE + Plus™ Program kelly.raushel@partnerre.com office 1 612 234 4954
Erin Dugan, RN, CCM Clinical Consultant PULSE + Plus™ Program erin.dugan@partnerre.com office 1 612 234 4923	Laura Schulte Service Specialist PULSE + Plus™ Program laura.schulte@partnerre.com office 1 612 234 4967
Sandra Lidberg, RN, CCM, MSCN Senior Clinical Consultant PULSE + Plus™ Program sandra.lidberg@partnerre.com office 1 612 234 4956	

Please visit our website, www.partnerre.com for further contact information and an overview of other programs and services PartnerRe offers.