PEIA

(The Public Employee Insurance Agency for the State of West Virginia)

1. **Core Services**
   A. Medical Claims Adjudication
   B. COBRA
      o Eligibility
      o Premium Collections
   C. Care Management (including Utilization Review, Case Management, Maternity Management and a data analytics tool)
   D. Specialty Drug Program
   E. Welcome Kits
   F. ID Cards

2. **Key Metrics**
   A. Process approximately 250,000 claims per month with an average monthly payment of $42,000,000.
   B. Handle approximately 35,000 calls per month for 175,000 employees and dependents.

3. **Networks**
   A. WV-deeply discounted fee schedule developed by the State of West Virginia
   B. Medical Home Provider Maintenance and Directory
   C. CCP Provider Maintenance and Directory
   D. Out of State
      o Aetna Signature Administrators (ASA)
      o Multiple (approximately 120) director contracts negotiated by HealthSmart
      o MMO-Cleveland Clinic facilities and providers
      o Identify when providers are:
         o Sanctioned
         o License Suspension

4. **Other contracts managed by HealthSmart**
   A. Aetna Signature Administrators (ASA)-UM oversight and aggregate stop loss
   B. Specialty Drug program – eight specialty pharmacies
   C. Health Care Blue Book (Transparency Tool)
   D. Eight WV clinics for the CCP program

E. Care Centrix (Sleep Management)
F. Aledade Accountable Care 20, LLC – ACO for population health management
G. Good Measures
H. Telemedicine
I. Rx Savings
J. Large Claim Pre-Payment Audits

5. Financial
A. Coordination with state treasurer's office for check issuance
B. Bulk Claims Payment – one provider check for multiple claims submissions
C. Electronic Payments
D. Electronic Remittance Advice
E. Refunds
   o Track and send multiple requests
   o Takebacks from future payments

6. Payment Models
A. APC – Own and maintenance grouper
B. DRG and various other claims payment methodologies
C. Reference Based Pricing
D. Capitation Payments

7. Reporting
A. Many custom reports and files provided routinely and ad hoc
B. Custom ACA Out of Pocket maximum

8. Claims Processing
A. Complex plan design and eligibility requirements for approximately 70 plans. There is an electronic eligibility interface but capability exists for expedited manual updates
B. Bundling Software (Claim Check)
C. Administration of Medicare Crossover
D. Daily accumulator integration with PBM for HDHP administration

9. Other
A. Administration of custom programs including F2F (a diabetics program), Weight Management, Sleep Management
B. Participation at bi-weekly client meetings and Finance Board Meetings
C. Coordination for the Health Tomorrows Program
D. Rebates for Medical Rx Claims

E. Exchange data files with multiple vendors
F. Concierge customer service – ability to transfer calls to other benefit plan vendors