

Employee Advisory Committee Meeting Minutes

March 24, 2021

REMOTE

Attending (by web call): Barbara Barto, Brant Barber, Hannah Rich, Kris Grinter, Kristy Rizek, Luke McClurg, Jennifer Dalton, Maria Beebe, Pam Buckhalter, Courtney Marsh, Warren Wiebe, Marjorie Knoll, Steven Grieb, Natalie Yoza, Drue Campbell, Roberta Robinson, Mike Mercer, Laura Hoppas, Keith Fitzsimmons

Absent: Alexandra Blasi, Jacob McLin

Other attendees: Commissioner DeAngela Burns-Wallace, Janet Stanek, Director of the State Employee Health Plan, Courtney Fitzgerald, SEHP Marketing Director; John Yearly, General Counsel for the Department of Administration.

Approval of Minutes from the January 27, 2021, EAC meeting: Roll Call Vote

Motion to approve the minutes of the Jan 27, 2021 Remote meeting. Approved unanimously.

Commissioner DeAngela Burns-Wallace –

Leveraging EAC to HCC overall – survey very well received, need more holistic set of recommendations

More formalized mechanisms for feedback and analysis

Many strategy sessions with deep dives into what is impacting overall reserve (plan components) (next HCC meeting in June 2021)

What are guiding principles/priorities on what we want the state insurance to do (not just plugging in numbers)

1. How does plan reserve work?
2. How do we ensure plan is strong?
3. What is driving plan?
4. Strategic in future decisions
5. Better understanding of plan variety: What plans are offered? What is utilization? Who is on them?
6. Benchmarking: employee satisfaction, across peers and nation, reserve targets, out of pocket, deductibles, using regional and national benchmarks
7. Affordability and utilization by employees (cost of premiums, cost to access PCPs) using Segal's annual trend survey and fiscal requirements of plan

******Need 5-6 priorities from EAC (using survey analysis) to give to HCC for more holistic input (need input before June meeting)***

Janet Stanek, Director of SEHBP – Understanding plan modeling and reserve history

See attached powerpoint

Reserve history – PY09 64 mil decrease in fund balance, FY10 reduced 9.675 mil, PY14-19 penalty, FY15 reduce by 8.5%, FY 16 hold contribution flat, FY20 4.5% state employer increase

Key factors for projection model -claims trend, enrollment, baseline claims cost, cost adj from RFPs, fees, wellness participation, interest rates earned, coverage tier expenses

1. Claims trends – project annual increase in per member costs, integrates historical performance and Segal's
2. COVID-19 impact – no adjustment factors were applied to the baseline medical and Rx claims, claims are down with COVID-19 pandemic
3. Enrollment – no overall membership growth and no migration, overall decline at 0.3%, direct correlation to revenue and expenses (appendix has detailed enrollment numbers)
4. Baseline cost/claims – expected cost per member/month, experience over 12mos of credible claims, 2 mos lag medical, pharmacy shorter lag, how are costs spread across various plans, Improved contract price with CareMart
5. Funding rates – approved by HCC in June annually,
6. Funding and reserve model – went from 10 yr to 3 yr + 1yr in 12/2020, more realistic and credible, SEHP/HCC are in discussion with PY22 and rate structure

What are impacts of recommendations EAC can make to HCC – ex. Lower out of pocket maximum tied to patient satisfaction? HCC looks at how many people hit out of pocket, any needle you move needs to be made up somewhere else/offsets (ie employee or employer contribution)

Updates –

1. COVID benefit extension through May 28 (testing and same day treatment covered), may have out of network fees, federal government mandates vaccine is covered (managed by KDHE not HCC), no wellness points for getting COVID19 vaccine
2. New list of new employees for outreach in collaboration with HR (wellness program) and Cerner (how it effects premium and HAS)
3. Goal (ahead of open enrollment): Form a stronger bond with HR leadership throughout the state
4. Waive coverage option now forces a response for why – QA on language and making it more foolproof for employees, do not want members to opt out in error
5. Workman's compensation changes – 24/7 nurse call system staffed by nurses with triage instruction starting in April 2021. Detailed powerpoint and training opportunities for HR to follow (likely this Thurs).

Natalie Yoza EAC president

House bill – apply membership of retiree and members of HCC so that classified and unclassified are eligible to serve in position, passed in house 123-0, senate ways and means – passed favorably, going to senate floor (positive feedback)

Hannah Rich EAC Vice-president

Subcommittee for survey responses – first meeting 3/23/21

Goal to make qualitative recommendations

Standing bi-weekly meeting, currently through 1.5 reports

Goal of condition based comparison of coverage by plan (ie pregnancy)

Good info on HRA/HSA and NueSenergy – option to move HSA dollars into investment account need more details on that option

Jennifer Dalton

Diagnostic vs routine screening exams – ex hearing (also applies to MMG/colonoscopies) disappointment with dx screening exams not covered

Will be key point in upcoming open enrollment

Luke McClurg

Who are in network for optometry?

Hannah Rich

Ask Alex and lack of mental health questions (guided employee to plan C instead of A which was very costly)

Kudos for health plan – loved marathon clinic – great resource, next day appointments, now extended hours to accommodate work schedules

Maria Beebe – home testing kit did not arrive for 10d (per test needed at test facility within 1d)

Upcoming EAC Meeting Dates