



Meeting Minutes | Health Care Policy Committee

Wednesday, December 6, 2023 | 9:30 a.m.

202 Arbor Lake Dr., Columbia, SC 29223 | First Floor Conference Room

Minutes Approved March 6, 2024

Board Members Present for All or a Portion of the Meeting: Mr. Steve Heisler, PEBA Board Chairman Joe “Rocky” Pearce, and Committee Chairman Alex Shissias.

Board Members Present for All or a Portion of the Meeting Via Virtual Means: Mr. John Sowards

Others Present for All or a Portion of the Meeting: Peggy Boykin, Robby Brown, Phyllis Buie, Amber Carter, Kevin Crosby, Matt Doherty, Justin Ellis, Denise Hunter, Heather Muller, Laura Smoak, Rob Tester, Katie Turner, Travis Turner, Angie Warren, Justin Werner, Chuck Wilson, and Heather Young from the South Carolina Public Employee Benefit Authority (PEBA); Jesse Epting, Dr. Tripp Jennings, Dr. Shawn Stinson, Ansh Upadhyay, and Carmen Wilson from BlueCross BlueShield of South Carolina; Robin Scott and Karen Russell from Express Scripts, Inc.; and Sam Griswold from the State Retirees Association of South Carolina.

I. Call to Order

Vice-Chairman John Sowards called the PEBA Health Care Policy Committee (Committee) meeting to order at 9:30 a.m., and stated that the public meeting notice was posted in compliance with the Freedom of Information Act. Due to an unavoidable conflict, it was noted that Committee Chairman Alex Shissias was not available to chair the beginning of the meeting.

II. Approval of Meeting Minutes – September 20, 2023

It was noted that the minutes from the September 20, 2023, Board meeting were approved as presented.

III. Open Enrollment Update

Ms. Phyllis Buie, Director of Insurance Operations, provided an open enrollment update. Ms. Buie discussed open enrollment changes for 2023, including health plans; dental plans; vision coverage; Optional Life and Dependent Life-Spouse coverage; MoneyPlus; Supplemental Long-Term Disability (SLTD) coverage; and the Health Savings Plan.

Ms. Buie reviewed notable enrollment trends and stated that health insurance coverage increased by 6,978 participants, basic dental increased by 10,096 participants, dental plus by 17,979 participants, and vision coverage by 8,184 participants.

Ms. Buie also identified additional processes that are affected by open enrollment including vendor interfaces and reconciliations, billing and collections, and vendor payments.

Ms. Buie turned the discussion to Customer Contact Center statistics, and reported that the Customer Contact Center received 30,277 insurance calls during 2023's open enrollment, with a satisfaction rate of 98.51 percent. Ms. Buie also reported that there were 339 phone consultations, 141 video consultations, and 997 in-person consultations during 2023's open enrollment period.

IV. Value Based Care in 2023 and Beyond

Dr. Shawn Stinson, Senior Vice President, at BlueCross BlueShield of South Carolina, presented the status of value-based care and prospects for future growth and development. Dr. Stinson stated that population health management is a management process that aims to improve the health and wellbeing of a defined group of individuals. Value-based care is a health care delivery model where providers are paid based on successful outcomes rather than for individual services. Dr. Stinson reviewed the differences between Value-Based Reimbursement versus Fee for Service, and discussed types of value-based care including bundles, shared savings, shared risk, and global capitation.

Dr. Stinson detailed several value-based programs have no financial risk to providers including the Rheumatology Pathway Program, the Oncology Care Model, and Chronic Kidney Disease.

Dr. Stinson also discussed value-based programs that have financial risk including Accountable Care Organizations and the Patient-Centered Medical Home (PCMH) Program. Dr. Stinson stated that the PCMH Program is a team-based health care delivery model led by a primary care physician that delivers proactive, comprehensive medical care to patients with the goal of obtaining maximized health outcomes. Dr. Stinson provided an overview of the PCMH program, and stated that there are adult and kids PCMH programs. The PCMH adult practices performance measurements include quality measurements and total cost of care. The PCMH Kids program focuses strictly on quality measures. There are currently 131 pediatric practice locations.

Dr. Stinson advised that the PCMH plus program is an adult program that has a shared savings component, and focuses on total cost of care. The PCMH plus program includes two performance tracks: track one includes upside risk only, and the standard provider share of savings is up to five percent. Track two includes bi-directional risk, and the standard provider share of savings or losses is up to 20 percent. There are currently 559 PCMH plus participating practice locations in South Carolina.

Dr. Stinson reviewed PCMH providers with a quality score of equal or greater than 75 percent, PCMH providers with quality score of 50-75 percent, and PCMH scores under 50 percent.

Dr. Stinson concluded by discussing the next steps of value-based programs including adjusting programs as needed to justify the investment needed to support operations, determining how to best to address underperformers in current programs, and developing accountability metrics.

V. State Health Plan Initiatives and Value-Based Benefits Annual Review

Ms. Laura Smoak, Analytics and Health Initiatives Director, discussed PEBA's annual Health Initiatives and Value-Based Benefits report which quantifies the output and expense derived from the State Health Plan's (SHP) value-based benefits and health initiatives. This report now includes Plan outcomes and benchmarking in the national Healthcare Effectiveness Data and Information Set (HEDIS) performance measures.

Ms. Smoak reported that Plan expenditures for medical and prescription claims totaled \$3.227 billion in 2022, and Plan spending for value-based benefits and programs accounted for 3.4 percent of the total.

Ms. Smoak reviewed home-based technology including Wondr Health, Telehealth utilization, Rally (which has transitioned to Strive) and No-Pay Copay. Ms. Smoak also discussed Meru Health, a 12-week mental health program designed to reduce anxiety, stress, and depression.

Ms. Smoak also reviewed value-based benefits including preventative biometric screenings, vaccines, diabetes education, tobacco cessation, cancer screenings, well-child visits, and maternity management.

Ms. Smoak provided the financial impact that the PCMH Program is having on the State Health Plan, and stated that the Plan assumes more financial liability with a PCMH, by absorbing the patient's copayment, paying 90 percent coinsurance, and paying a care coordination fee to PCMH providers.

Ms. Smoak concluded by discussing active health management, dental exams and eye exams statistics, and the immunization registry overview.

VI. Old Business/Director's Report

Ms. Peggy Boykin, Executive Director, stated that she would provide the Director's report at the full Board meeting.

VII. Adjournment

There being no further business, and upon a motion by Mr. Heisler, which was seconded by PEBA Board Chairman Rocky Pierce, and approved unanimously, the Committee meeting adjourned at 11:10 a.m.