

Meeting Minutes | Health Care Policy Committee

Wednesday, December 4, 2019 | 9:30 a.m.
202 Arbor Lake Dr., Columbia, SC 29223 | First Floor Conference Room

Minutes Approved March 4, 2020

Board Members Present: Mr. Calvin Elam, Mr. Steve Heisler, Mr. Joe “Rocky” Pearce, Chairman, and Mr. Alex Shissias

Others Present for All or a Portion of the Meeting: Peggy Boykin, Phyllis Buie, Jeremy Cannon, Amber Carter, Sarah Corbett, Kevin Crosby, Jennifer Dolder, Joe Greene, Patrick Harvin, Denise Hunter, Rachel Mabry, Jessica Moak, Mike McDermott, Heather Muller, Kimberly Munteanu, Michele Johnson, Lauren Leaks, John Page, Ben Reese, Samantha Roberson, Laura Smoak, Rob Tester, Ken Turnbull, Stephen Van Camp, Angie Warren, Justin Werner, Chuck Wilson, and Heather Young from the South Carolina Public Employee Benefit Authority (PEBA); Sharon Mancuso from the South Carolina Department of Health and Human Services; Joe Newton and Danny White from Gabriel, Roeder, Smith & Company (GRS); Sam Griswold and Wayne Pruitt from the State Retirees Association of South Carolina; Brooks Goodman, Noreen O’Donnell, Tripp Jennings, Matt Shaffer, and Carmen Wilson from BlueCrossBlueShield of South Carolina; Karen Russell and Robin Scott from Express Scripts, Inc.; Richard Lomax from Novo Nordisk, Inc.; and Gordon Sherard from ASIFlex.

I. Call to Order

Chairman Rocky Pearce 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.

II. Approval of Meeting Minutes – July 24, 2019

Mr. Alex Shissias made a motion, which was seconded by Mr. Calvin Elam, and passed unanimously, to approve the minutes from the July 24, 2019, Committee meeting.

III. Open Enrollment Update

Ms. Phyllis Buie, Director of Insurance Operations, and Mr. Jeremy Cannon, Customer Services Director, provided an open enrollment update. Ms. Buie discussed open enrollment changes for 2019, including health plans; dental and vision coverage; Optional Life and Dependent Life-Spouse coverage; MoneyPlus; and Supplemental Long-Term Disability (SLTD) coverage.

Mr. Cannon discussed Customer Contact Center statistics. Mr. Cannon reported that the Customer Contact Center received 19,357 insurance calls during 2019’s open enrollment, compared to 17,139 insurance calls during 2018’s open enrollment, with an average wait time of 2.33 minutes, and a satisfaction rate of 98.15 percent.

Mr. Cannon also reported that 896 insurance visitors came into PEBA during 2019's open enrollment, compared to 651 insurance visitors during 2018's open enrollment, with a satisfaction rate of 99.76 percent.

IV. New Employers in the State Health Plan

Ms. Jennifer Dolder, Employer Services Director, provided an update regarding the number of new employers that are joining the State Health Plan (SHP). Employers under the plan include state agencies; school districts; local subdivisions; charter schools; and hospitals. Ms. Dolder stated that increased participation in the SHP is due to lower employer cost compared to other plans, lower subscriber premiums and deductibles compared to other plans, and recruitment and retention incentives.

V. PCMH Update

Ms. Noreen O'Donnell from BlueCross BlueShield of South Carolina (BCBSSC), presented an update on the Patient Centered Medical Homes (PCMH) program. Ms. O'Donnell stated that the PCMH model provides comprehensive and continuous medical care, with the goal of obtaining maximized health outcomes.

Ms. O'Donnell reported that the PCMH program started in 2009 with four primary care practice organizations, and has expanded to over 300 primary care locations in 2019.

Ms. O'Donnell advised that the current PCMH program will fully transition to a PCMH plus model (an all-condition, risk-adjusted model) by January 1, 2020. There will be monthly care management fees by risk tier adjusted annually based on quality measure performance. With the PCMH plus model, practices are evaluated and rewarded based on their performance on quality measures and impact on total cost of care.

Ms. O'Donnell explained that track one of the PCMH plus program supports practices that are developing comprehensive primary care capabilities and there is no downside risk. Track two of the PCMH plus program includes practices that are proficient in comprehensive primary care capabilities, and are prepared to increase the scope of complex needs medical care. Track two includes bi-directional risks, but the opportunity for shared savings is also significantly higher.

Ms. O'Donnell added that PCMH Plus practices will receive enhanced reporting developed by BlueCross BlueShield, that will target specific members for care management, and identify areas of high medical and pharmacy claims cost.

VI. Health Initiatives and Value-based Benefits Annual Review

Ms. Laura Smoak, Analytics and Health Initiatives Director, reviewed PEBA's annual Health Initiatives and Value-Based Benefits report which quantifies the output and expense derived from the State Health Plan's 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 the total Plan expenditure for medical and prescription claims totaled \$2.487 billion in 2018. Plan spending for value-based benefits and programs accounted for 2.5 percent of the total.

VII. Old Business/Director's Report

Ms. Peggy Boykin, Executive Director, stated that PEBA's budget hearing with the Senate Finance Sub-committee was on December 3, 2019. Ms. Boykin noted that PEBA requested on behalf of the Board, that adult well visit benefits be provided to all members annually with no cost to the member and no age frequency restrictions.

VIII. Adjournment

There being no further business, and upon motion by Mr. Elam, which was seconded by Mr. Shissias, and approved unanimously, the Committee meeting adjourned at 10:30 a.m.